The MASK of SANITY

CLECKLEY

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THE MASK OF SANITY

An Attempt To Clarify Some Issues About the So-Called Psychopathic Personality

Non teneas aurum totum quod splendet ut aurum.
Alanus de Insulis

By

HERVEY CLECKLEY, M.D.

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University of Georgia School of
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SECOND EDITION

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To L. M. C.

From chaos shaped, the Bios grows. In bone
And viscus broods the Id. And who can say
Whence Eros comes? Or chart his troubled way?
Nor bearded sage, nor science, yet has shown
How truth or love, when met, is straightly known;
Some phrases singing in our dust today
Have taunted logic through man's Odyssey:
Yet, strangely, man sometimes will find his own.
And even man has felt the arcane flow
Whence brims unchanged the very Attic wine,
Where lives, perhaps, that cool Lethean glow
That held the Lacedaemonian battle line:
And this, I think, may make what man is choose
The doom of joy he knows he can but lose.

PREFACE TO THE SECOND EDITION

The first edition of this book was based primarily on experience with adult male psychopaths hospitalized in a closed institution. Though a great many others had come to my attention, most of the patients who had been followed over years and from whom emerged the basic concepts presented in 1941 were from this group. During the last decade a much more diverse group has been available. Female patients, adolescents, people who have never been admitted to a psychiatric hospital, all these in large numbers have afforded an opportunity to observe the disorder in a very wide range of variety and of degree.

Though I spared no effort to make it plain that I did not have an effective therapy to offer, the first edition of this book led to contact with psychopaths of every type and from almost every section of the United States and Canada. Interest in the problem was almost never manifested by the patients themselves. The interest was desperate, however, among parents, wives, husbands, brothers, etc., who had struggled long and helplessly with a major disaster for which they found not only no cure, no social, medical, or legal facility for handling, but also no full or frank recognition that a reality so obvious existed.

Telephone calls from Chicago, Denver, Boston, letters from Miami and Vancouver, have convinced me that the psychopath is no rarity in any North American community, that his problem is, by what seems to be an almost universal conspiracy of evasion, ignored by those therapeutic forces in the human group that, reacting to what is biologically or socially morbid, have sensibly provided courts, operating rooms, tuberculosis sanatoriums, prisons, fire departments, psychiatric hospitals, police forces, homes for the orphaned and the infirm, etc. The measures taken by the community to deal with illness, crime, failure, contagion, etc., are, one might say, often far from perfect. It cannot, however, be said, except about the problem of the psychopath, that no measure at all is taken, that nothing exists specifically designed to meet a major and obvious pathologic situation.

Additional clinical experience, helpful comment in the reviews of the first edition, enlightening discussion with colleagues, an improved acquaintance with the literature, all have contributed to modify concepts formulated approximately ten years ago. In attempting to revise this work I found it was impossible to do justice to the subject by minor additions, deletions, and modifications. It was necessary to write a new book. Though still in the unspectacular and perforce modest position of one who can offer neither a cure nor a well-established explanation, I am encouraged by ever-increasing evidence that few medical or social problems have ever so richly deserved and urgently demanded a hearing. It is my conviction that this particular problem, in a practical sense, has had no hearing.

It is appropriate here to express appreciation to Drs. Marion M. Estes and Corbett H. Thigpen, medical associates and co-workers who have often discussed with me clinical features of patients that contributed significantly to this volume. To both Dr. Estes and Dr. Thigpen I am grateful also for their kindness in reading the manuscript and giving me the benefit of their valued opinions. Their excellent work in the Department of Psychiatry and their limitless generosity in relieving me over long periods of heavy and urgent responsibilities in teaching and in clinical activity made it possible for this volume to be completed.

The difficult task of indexing this book fell chiefly into the capable hands of Dr. Lou Woodward, whose good judgment and industry merit acknowledgment and appreciation. I am grateful to Dr. Betsy Coffin for her generous help with some of the problems contingent on the central point of this work. Mr. James Hull kindly made available to me his viewpoint as a wise and well-informed jurist about several matters in which his assistance was valuable indeed.

It is a pleasure to thank those who were so good as to help in the typing and proofreading of the material. For their kindness and industry in this arduous job I am particularly indebted to Mary S. Cleckley, Laura T. Barr, Shirley Estes, and my daughter, Mary Dolan. This volume could not have been completed without the constant assistance of my wife, Louise Cleckley, who devoted many months of her time not only to the routine of typing and proofreading but to the mutual effort of shaping the essential concepts to be presented into articulate form. Her notable contributions included stimulus, encouragement, and a wisely critical presence during the conative and affective fluctuations apparently inescapable in such a task. They were given in such quality as to be acknowledged as genuine psychotherapy.

During the entire rewriting I have been aware of the usefulness of points made clear by Alfred Korzybski in his formulation of *General Semantics.* The specific types of confusion and incorrect functioning held by Korzybski to be implicit in most human activity are particularly impressive in the behavior of the psychopath and, it seems to me, make especially difficult psychiatric efforts to speak accurately of the psychopath's disorder. Though no attempt was made to interpret the psychopath within the framework of *General Semantics* or to apply consistently Korzybski's pertinent rules for avoiding confusion in what one is trying to express, I would like to acknowledge the valuable help obtained from this work.

Assistance generously afforded to the Department of Psychiatry of the University of Georgia School of Medicine by grants from the United States Department of Public Health played an important part in the reorganization of its program. Without this help and the consequent expansion of facilities for teaching, research, and the treatment of patients, it is doubtful if the present work could have been completed. It is a pleasure to express the appreciation for this substantial assistance.

HERVEY CLECKLEY

Augusta, Georgia.

PREFACE TO FIRST EDITION

The present volume grew out of an old conviction which increased during several years while I sat at staff meetings in a large neuropsychiatric hospital. Many hundreds of such cases as those presented here were studied and discussed. The diversity of opinion among different psychiatrists concerning the status of these patients never grew less. Little agreement was found as to what was actually the matter with them. No satisfactory means of dealing with them was presented by any psychiatric authority, and meanwhile their status in the eyes of the law usually made it impossible to treat them at all. They continued, however, to constitute a most grave and a constant problem to the hospital and to the community.

Since assuming full-time teaching duties at the University of Georgia School of Medicine, I have found these patients similarly prevalent in the wards of the general hospital, in the outpatient neuropsychiatric clinic, and in consultation work with the various practitioners of the community and with the hospital staff. The overwhelming difficulty of finding facilities for their treatment has been no less urgent than the yet unanswered question of what measures to use in treatment. How to inform their relatives, the courts which handle them, the physicians who try to treat them, of the nature of their disorder has been no small problem. No definite or consistent attitude on the part of psychiatric authorities could be adduced in explanation; no useful legal precedent at all could be invoked, and no institutions found in which help might be sought by the community.

I should like here to express my appreciation for their encouragement and guidance about this and about other neuropsychiatric problems to Dr. R. T. O'Neil, Dr. William M. Dobson, Dr. M. K. Amdur, Dr. O. R. Yost, and Dr. M. M. Barship. To all of them as colleagues, and in varying degrees as teachers, during my years with the United States Veterans Administration, I am sincerely grateful.

Dr. John M. Caldwell, of the U. S. Army Medical Corps, Dr. Cecile Mettler, Dr. Phillip Mulherin, Dr. F. A. Mettler, Dr. Lane Allen and Dr. Robert Greenblatt, all of the faculty of the University of Georgia School of Medicine, I should like to thank for their interest and helpful criticism in the preparation of this work. Nor can I fail to mention here the kindness and active cooperation of other departments in the School of Medicine which, though less directly related to the present study, have been a valuable and constant support to the Department of Neuropsychiatry. Though I name only a few, I should especially like to express appreciation to Dean G. L. Kelly, Dr. J. H. Sherman, Dr. C. G. Henry, Dr. E. E. Murphey, Dr. Perry Volpitto, Dr. R. F. Slaughter, Dr. R. H. Chaney, Dr. W. J. Cranston, Dr. H. T. Harper, Dr. Lansing Lee, and Dr. J. D. Gray. The interest and understanding shown by these and others in the problems of the newly organized full-time Department of Neuropsychiatry have been more helpful than they know.

To Dr. Lawrence Geeslin, Dr. C. M. Templeton, Dr. Joe Weaver, Dr. Alex Kelly, and Dr. DuBose Eggleston, all of the Resident Medical Staff at the University Hospital, I am grateful for their fine and wise efforts to make neuropsychiatry an effective influence on the wards of a general hospital.

It is hard to see how the present manuscript could have reached completion without the understanding and energy contributed to its making by my secretary, Miss Julia Littlejohn.

Mr. Berry Fleming and Mr. Donald Parson, one as a distinguished novelist and one as a poet, but both sharing the psychiatrist's interest in human personality, have kindly made available to me their valuable points of view.

This volume owes a large debt to Dr. W. R. Houston, formerly Clinical Professor of Medicine in the University of Georgia School of Medicine, now of Austin, Texas. As my first teacher in psychiatry and still as a bracingly honest critic and a skeptical but always enheartening guide, Dr. Houston's uncommon learning in many fields and his kindness have been an important support.

Most of all it is my pleasure to thank Dr. V. P. Sydenstricker, Professor of Medicine in the University of Georgia School of Medicine, whose genuine human qualities no less than his specific achievements in medicine and his remarkable energy, have encouraged, year after year, scores of less seasoned and sometimes groping colleagues to do sounder work and to find joy that is the stuff of life in even those daily tasks that would in another's presence become mere routine. Real wisdom joined with real humor cannot fail to be expressed in a rare and discerning kindness. These qualities, all in full measure, have done more not only to deal with illness, but also to reintegrate at happier and more effective levels those who have worked with him than their possessor can realize. It is indeed difficult to express fairly the gratitude which informs this writer in mentioning the constant encouragement, the help, and the important inspiration that have come from Dr. Sydenstricker to the Department of Neuropsychiatry.

HERVEY CLECKLEY

Augusta, Georgia.

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Section 1

AN OUTLINE OF THE PROBLEM

Chapter 1

SANITY: A PROTEAN CONCEPT

A MILLIONAIRE notable for his eccentricity had an older and better-balanced brother who, on numerous fitting occasions, exercised strong persuasion to bring him under psychiatric care. On receiving word that this wiser brother had been deserted immediately after the nuptial night by a famous lady of the theatre (on whom he had just settled a large fortune) and that the bride, furthermore, had, during the brief pseudoconnubial episode, remained stubbornly encased in tights, the younger hastened to dispatch this succinct and unanswerable telegram:

WHO'S LOONEY NOW?

This, at any rate, is the story. I do not offer to answer for its authenticity. It may, however, be taken not precisely as an example but at least as a somewhat flippant and arresting commentary on the confusion which still exists concerning *sanity.* While most patients suffering from one of the classified types of mental disorder are promptly recognized by the psychiatrist, many of them being even to the layman plainly deranged, there remains a large body of people who, everyone will admit, are by no means adapted for normal life in the community and who, yet, have no official standing in the ranks of the insane. The word *insane,* of course, is not a medical term. It is employed here because to many physicians it conveys a more practical meaning than the medical term *psychotic.* Although the medical term with its greater vagueness presents a fairer idea of the present conception of severe mental disorder, the legal term better implies the criteria by which the personalities under discussion are judged in the courts.

MATERIAL TO DISTINGUISH FROM OUR SUBJECT

These people to whom I mean to call specific attention are not the borderline cases in whom the characteristics of some familiar mental disorder are only partially developed and the picture as a whole is still questionable. Many such cases exist, of course, and they are sometimes puzzling even to the experienced psychiatrist. Certain people, as everyone knows, may for many years show to a certain degree the reactions of schizophrenia (dementia praecox), of manic-depressive psychosis, or of paranoia, without being sufficiently disabled or so generally irrational as to be recognized as psychotic. Many patients suffering from incipient disorders of this sort or from dementia paralytica, cerebral arteriosclerosis, and other organic conditions, pass through a preliminary phase during which their thought and behavior are to a certain degree characteristic of the psychosis, while for the time being they remain able to function satisfactorily in the community.

Some people in the early stage of these familiar clinical disorders behave, on the whole, with what is regarded as mental competency, while showing, from time to time, symptoms typical of the psychosis toward which they are progressing. After the disability has at last become openly manifest, one can often, in retrospect, note enough episodes of deviated conduct to make the observer wonder why the subject was not long ago recognized as psychotic. It would, however, sometimes be not only difficult but unfair to pronounce a person totally disabled while most of his conduct remains acceptable. Do we not, as a matter of fact, have to admit that all of us behave at times with something short of rationality and good judgment?

I recall a highly respected business man who, after years of outstanding commercial success, began to send telegrams to the White House ordering the President to dispatch the Atlantic Fleet to Madagascar and to execute Roman Catholics. There was at this time no question, of course, about his disability. A careful study revealed that for several years he had occasionally made fantastic statements, displayed extraordinary behavior (for instance, once putting the lighted end of a cigar to his stenographer's neck by way of greeting), and squandered thousands of dollars buying up stamp collections, worthless attic-full's of old furniture, and sets of encyclopedias by the dozen. None of these purchases had he put to any particular use. When finally discovered to be incompetent from illness, an investigation of his status showed that he had thrown away the better part of a million dollars. For months he had been maintaining 138 bird-dogs scattered over the countryside, forty-two horses, and fourteen women, to none of whom he resorted for the several types of pleasure in which such dependants sometimes play a part.

Aside from persons in the early stages of progressive illness, one finds throughout the nation, and probably over the world, a horde of citizens who stoutly maintain beliefs regarded as absurd and contrary to fact by society as a whole. Often these people indulge in conduct that to others seems unquestionably irrational.

For example, the daily newspapers continue to report current gatherings in many states where hundreds of people handle poisonous snakes, earnestly insisting that they are carrying out God's will.* Death from snakebite among these zealous worshippers does not apparently dampen their ardor. Small children, too young to arrive spontaneously at similar conclusions concerning the relation between faith and venom, are not spared by their parents this intimate contact with the rattler and the copperhead.

It is, perhaps, not remarkable that prophets continually predict the end of the world, giving precise and authoritative details of what so far has proved no less fanciful than the delusions of patients confined in psychiatric hospitals. That scores and sometimes hundreds or even thousands of followers accept these prophecies might give the thoughtful more cause to wonder. Newspaper clippings and magazine articles before the writer at this moment describe numerous examples of such behavior.

In a small Georgia town twenty earnest disciples sit up with a pious lady who has convinced them that midnight will bring the millenium. An elderly clergyman in California, whose more numerous followers are likewise disappointed when the designated moment passes uneventfully, explains that there is no fault with his divine vision but only some minor error of calculation which arose from differences between the Biblical and the modern calendars. During the last century an even more vehement leader had thousands of people, in New England and in other states, out on the hillsides expecting to be caught up to glory as dawn broke. Indeed, conviction was so great that at sunrise many leaped from cliffs, roofs, and silos, one zealot having tied turkey wings to his arms the better to provide for flight. Those who had hoped to ascend found gravity unchanged, the earth still solid, and the inevitable contact jarring.[200, 210]

Few, if any, who prophesy on the grounds of mystic insight or special revelation come to conclusions more extraordinary than those reached by some who profess, and often firmly believe, they are working within the methods of science. A notable example is furnished by one listed in *American Men of Science* whose earlier work in psychopathology was regarded by many as valuable.[18] Textbooks of high scientific standing still refer to his work in this field.[62, 89, 132]

---

*"And these signs shall follow them that believe; in my name they shall cast out devils; they shall speak with new tongues; they shall . . . take up serpents and if they drink any deadly thing it shall not hurt them . . ." Mark 16: 17-18.

It is indeed startling when such a person as this announces the discovery of "orgone," a substance which, it is claimed, has much to do with sexual orgasm (as well as the blueness of the sky) and which can be accumulated in boxes lined with metal. Those who sit within the boxes are said to benefit in many marvelous ways. According to the *Journal of the American Medical Association,* the accumulation of this (to others) nonexistent material is by Reich and his followers promoted as a method for curing cancer.[40] A recent report of the Council of the American Medical Association lists the orgone accumulator with various quack nostrums under "Frauds and Fables." The presence of any such material as "orgone" impresses the physician as no less imaginary than its alleged therapeutic effects. The nature of such conclusions and the methods of arriving at them are scarcely more astonishing than the credulity of highly educated and intellectual people who are reported to give them earnest consideration.[18]

Even in the 1940's, crowds estimated as containing twenty-five thousand or more persons, some of them having travelled halfway across the United States, stood in the rain night after night to watch a nine-year-old boy in New York City who claimed to have seen a vision which he described as "an angel's head with butterfly wings."

A clergyman of the Church of England during World War II confirmed as a supernatural omen of good the reported appearance of a luminous cross in the sky near Ipswich. In our own generation a man of profound learning has expressed literal belief in witchcraft and approved the efforts of those who, following the Biblical injunction, put thousands to death for this activity.[225]

These headlines from a daily newspaper deserve consideration:

NOW IN MENTAL HOSPITAL,
ACCUSED OF TREASON, HELD INSANE,
EZRA POUND GIVEN TOP POETRY PRIZE

My interest in such news does not arise from any certainty that it is impossible for a psychotic man to write good poetry.

It is the interrelation of various viewpoints and evaluations necessary in combination to make such headlines as those above that evokes some wonder.

Graduates of our universities and successful business men join others to contribute testimonials announcing the prevention of hydrophobia, the healing of cancer, diphtheria, tuberculosis, wens, and broken legs, as well as the renting of rooms and the raising of salaries, by groups who reportedly work through "the formless, omnipresent God-substance" and by other metaphysical methods. One group publishes several magazines which are eagerly read in almost every town in the United States. Nearly 200 centers are listed where "prosperity bank drills" and respiratory rituals are advocated. Leaders solemnly write, "the psychical body radiates an energy that can at times be seen as a light or aura surrounding the physical, especially about the heads of those who think much about Spirit."[63]

The following are typical testimonial letters, and these are but three among many hundreds:

> "I wrote to you somewhat over a week ago asking for your prayers. My trouble was appendicitis, and it seemed that an operation was unavoidable. However, I had faith in the indwelling, healing Christ and decided to get in touch with you. Well, as you might expect, the healing that has taken place borders on the so-called miraculous. I spent an hour each day alone with God, and I claimed my rightful inheritance as a child of God. Naturally the adverse condition had to disappear with the advent of the powerful flow of Christ-life consciously directed towards this illness."

> "You will be interested to know that just about the time when my prosperity-bank period was up I went to work in a new position, which not only pays a substantially higher salary but . . . [etc.]. I should probably not have had sufficient faith and courage to trust Him had it not been for the Truth literature. . . ."

> "Thank you for your beautiful and effective ministry. I have had five big demonstrations of prosperity since I had this particular prosperity bank. Last week brought final settlement of a debt owed me for about seven years."[174]

Not a few citizens of our country read, apparently with conviction, material such as that published by the director of the *Institute of Mental Physics,* who is announced as the reincarnation of a

Tibetan Lama. This leader reports, furthermore, that he has witnessed an eastern sage grow an orange tree from his palm and, on another occasion, die and rise in a new body, leaving the old one behind. Many other equally improbable feats of thaumaturgy are described in eye-witness accounts.[49]

The casual observer has been known to dismiss what many call superstition as the fruit of ignorance. Nevertheless, beliefs and practices of this sort are far from rare among the most learned in all generations. A recent ambassador to the United States, generally recognized as a distinguished scholar, died (according to the press) under the care of a Practitioner of Christian Science.

Even a doctor of medicine has written a book in which he attests to the cure of acute inflammatory diseases and other disorders by similar methods. But let him speak directly:

> "At another time I examined a girl upon whom I had operated for recurrent mastoiditis. At the time of my examination she was showing definite signs of another attack. . . . Absent treatments stopped her trouble in two days. To one who had never seen anything of the kind before, the rapidity with which the inflammation disappeared would have seemed almost a piece of magic." [196]

> "A third case is that of a woman who carried a bad heart for years. About a year ago she experienced an acute attack accompanied by pain, nausea, and bloating caused by gas. Her daughter telephoned to a practitioner of spiritual healing and explained the trouble to her. The reply was that an immediate treatment would be given. In ten minutes the trouble was gone, and there has been no serious recurrence since." [196]

The more one considers such convictions and the sort of people who hold them, the more impressive becomes the old saying attributed [226] to Artemus Ward and indicating that our troubles arise not so much from ignorance as from knowing so much that is not so. Hundreds of other examples like those above are available to demonstrate that many persons of high ability and superior education sincerely cherish beliefs which seem to have little more real support from fact or reason than the ordinary textbook delusion. Such beliefs are held as persistently by respected persons and influential groups, despite evidence to the contrary, as by psychotic patients who are segregated in hospitals.

Let it be understood that I am not advancing an opinion that those who are persuaded by prophets that the world will end next Thursday or that those who appeal to faith healers to protect a child from the effects of meningitis, should be pronounced as clinically psychotic and forcibly committed to hospitals. Despite the similarity between the way such beliefs are adopted and the way a schizoid or paranoid patient arrives at his delusions, and despite the similar lack of evidence for considering either true, people such as those now under discussion are usually capable of leading useful lives in harmony with the community and sometimes of benefit to society. Nothing, in my opinion, is more basic than the necessity for men to allow each other freedom to believe or not to believe; however sacred, or however false, different creeds may be held by different groups.

Convictions that the world is flat, that one must not begin a job on Friday, or that Mr. Arthur Bell of *Mankind United*[135] is omnipotent, are apparently held by some in reverent identity with the deepest religious attitudes of which they are capable. In this basic sense, each man's religion, as contrasted with the dogma or illusion in which he may frame it, his basic attitude and emotional response to whatever meaning and purpose he has been able to find in his living, deserves respect and consideration. The Methodist, the Catholic, as well as the man who cannot accept any literal creed as a final statement of these issues, can honor and value, in a fundamentally religious sense, the valid striving and the ultimate subjective aims of a good Mohammedan. This is possible without the ability to share his pleasant conviction about the liklihood of houris in paradise.

Chapter 2

TRADITIONS THAT OBSCURE OUR SUBJECT

IN raising general questions about personality disorder we have briefly considered (1) persons suffering from illnesses that progress to major mental disability and (2) the numerous citizens of our nation, many of them able and well educated, who hold beliefs generally regarded as unsupported by evidence and considered by many as irrational or even fantastic. Aside from these groups and aside from all types of patients recognized as psychotic, there remains for our consideration a large body of people who are incapable of leading normal lives and whose behavior causes great distress in every community.

This group, plainly marked off from the psychotic by current psychiatric standards, does not find a categorical haven among the psychoneurotic, who are distinguished by many medical characteristics from the people to be discussed in this volume. They are also distinguished practically by their ability to adjust without major difficulties in the social group.

Who, then, are these relatively unclassified people? And what is the nature of their disorder? The pages which follow will be devoted to an attempt to answer these questions. The answers are not easy to formulate. The very name by which such patients are informally referred to in mental hospitals or elsewhere among psychiatrists is in itself confusing. Every physician is familiar with the term psychopath, by which these people are most commonly designated.[37] Despite the plain etymological inference of a *sick mind* or of *mental sickness,* this term is ordinarily used to indicate those who are considered free from psychosis and even from psychoneurosis. The definitions of psychopath found in medical dictionaries are not consistent nor do they regularly accord with the ordinary psychiatric use of this word.*

---

*Steadman's *Medical Dictionary* (ed. 17, 1949) gives: "The subject of a psychosis or psychoneuorsis: especially one who is of apparently sound mind in the ordinary or extraordinary affairs of life, but who is dominated by some abnormal sexual, criminal, or passionate instinct."

Dorland's *American Illustrated Medical Dictionary* (ed. 21, 1947) gives:

These definitions notwithstanding, the word psychopath is, in practice, popularly used for reference to a large group of seriously disabled people, listed with other dissimilar groups under the heading *psychopathic personality.* This cumbersome and altogether vague diagnostic category officially includes a wide variety of maladjusted people who cannot by the criteria of psychiatry be classed with the psychotic, the psychoneurotic, or the mentally defective. It is by no means uncommon in looking over the reports of a psychiatric examination to find conclusions listed as follows:

(1) No nervous or mental disease.
(2) Psychopathic personality.

The broadness of the present diagnostic term and the conflicting attitudes of different psychiatrists toward those so labeled are reflected in the varying concepts it implies and in its plainly diverse referents.*

Several decades ago, a large group of abnormalities, mental deficiency, various brain and bodily malformations and developmental defects, sexual perversions, delinquent behavior patterns, chronically mild schizoid disorder, etc., were all classed as *constitutional psychopathic inferiority.*[83] After the ordinary mental defectives and most of the cases with demonstrable brain damage or developmental anomalies were distinguished, a considerable residue of diverse conditions remained under the old classification. Since many of these patients left in the group did not show evidence of congenital pathology and lifelong disorder, another term, *constitutional psychopathic state,* was devised.

Many psychiatrists still prefer these two terms, which, in their abbreviated form (C.P.I. and C.P.S.), are used most often to designate psychopaths but literally refer to a good many other conditions at the same time.

Talk about the C.P.I. and the C.P.S. still figures prominently in staff room discussion. It is not surprising that confusion flourishes and sharp differences of opinion prevail about what may be one or several subjects simultaneously.

"A constitutional tendency to mental disorder; a type of personality marked by lessened voluntary control and increased emotional response to stimuli." For *psychopathy* is given: "Any disease of the mind; insanity."

Blakiston's *New Gould Medical Dictionary* (ed. 1, 1949) gives: "A morally irresponsible person: one who continually comes in conflict with accepted behavior and the law."

*Curran and Mallinson in 1944 say: "The only conclusion that seems warrentable is that at some time or other and by some reputable authority the term psychopathic personality has been used to designate every conceivable type of abnormal character."[44]

As time passed and psychiatric study continued, an increasing number of observers felt that the term *constitutional* was scarcely justified for some of the several disorders listed in the categories mentioned above. Eventually these were officially discarded in our country and *psychopathic personality* adopted, not only for the type of patient to be discussed in this volume, but for a good many others easily distinguished from him in life but only with difficulty in the nomenclature.

At present many feel that all the conditions listed under psychopathic personality are hereditary deficiencies, while others see little convincing evidence for this assumption.[175] During the last few decades increasing attention has been paid to factors or influences almost entirely ignored before the beginning of Freud's work, and the tendency to attribute personality disórder wholely and simply to inborn defect has been less prevalent.

Some time after the period during which it was generally assumed, by the physician as well as by the clergyman, that abnormal behavior resulted from devil possession or the influence of witches, it became customary to ascribe all or nearly all mental disorder to bad heredity. Even in the early part of the present century this practice was almost universal.[143] Before relatively recent developments in psychopathology and before any real attempt had been made to understand the meaning and purpose of symptomatology, the invocation of inborn deficiency or "hereditary taint" was, it would seeem, grasped largely for the want of any other hypothesis.

Another factor contributing to the popularity of belief in hereditary causation lies, perhaps, in the fact that families of all patients in state hospitals were investigated and all deviations recorded. Most of these histories revealed aberrant behavior, if not in a parent or grandparent, at least in some great uncle or distant cousin. It is surprising that some investigators gave such little consideration to the fact that few men stopped on the street could account for all relatives and antecedents without also disclosing one or more kinsmen whose behavior would attract psychiatric attention.* This is not to say that there is no possibility of genogenic factors playing a part, perhaps a major part, in the development of the psychopath. It is to say that one is not justified in assuming such factors until real evidence of them is produced. If such evidence is produced, these factors must be weighed along with all others for which there may be evidence and not glibly assumed to be a full and final explanation.

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*The ease with which defective heredity may be found in any case in which one looks for it is well known. A study published in 1937 revealed that fifty-seven per cent of a group of normal people showed a positive family history of "neuropathic taint."[148]

After many years of work in psychiatry as a member of the staff in a closed hospital devoted to the treatment of mental disorders, and after many other years in charge of the psychiatric service in a general hospital, I believe that these curious people referred to as C.P.I.'s, C.P.S.'s, or psychopaths, in the vernacular of the ward and the staff room, offer a field of study in personality disorder more baffling and more facinating than any other. The present work has been attempted because of an ever-growing conviction that this type of disorder is far less clearly understood than either the well-defined psychoses or the neuroses, and that this lack of understanding is, furthermore, not sufficiently recognized and admitted. While the writer does not pretend to achieve a final explanation of so grave and perplexing a problem, it is hoped that a frank and detailed discussion may, at least, draw attention to the magnitude of the problem.[81]

The chief aim of this study is to bring before psychiatrists a few of these cases, typical of hundreds more, who have proved so interesting to the writer, so difficult to interpret by the customary standards of psychiatry, and all but impossible to deal with or to treat satisfactorily in the face of prevalent medicolegal viewpoints. Many of these cases have been classified consistently as psychopathic personality by not one but a number of expert observers, usually by several staffs of psychiatrists, and nearly always with unanimity. Others are so similar and so typical that few, if any, experts could find grounds to question their status. It is my belief, however, that this diagnosis, as it is authoritatively defined and as it is generally understood, fails to do justice to the kind of patients considered here.

It is hoped that such a presentation may be of interest to physicians in general practice, and, perhaps, to medical students, as well as to those whose work is confined more specifically to personality disorders. It is, indeed, the physician in general practice who will most often be called on by society to interpret the behavior of such patients as these and to advise about their treatment and their disposition.

These people, whom I will call psychopaths for the want of a better word, are, as a matter of fact, the problem of juries, courts, relatives, the police, and the general public no less than of the psychiatrist. Referring to such cases Henderson says:

> "It is often much against his better judgment that the judge sentences a man whose conduct on the face of it indicates the action of an unsound mind to serve a term of imprisonment. But he is almost forced to do so because, according to our present statutes governing commitment, the doctor may not feel that he is justified in certifying the individual as suitable for care and treatment in a mental hospital."[87]

It is important that the average physician at least be aware that there is such a problem. According to the present standards of psychiatry, such patients are not eligible for admission to state hospitals for the psychotic or to the numerous hospitals of the same type maintained by the federal government for war veterans. They are classed as sane and competent and, theoretically at least, are held responsible for their conduct. Being so classed, none of the measures used to protect other psychiatric patients (and their families and the community) can be applied to bring them under any sort of treatment or restriction, even when they show themselves dangerously disordered. By many psychiatrists they are, in a technical sense, considered to be without nervous or mental disease. There are many arguments that can be brought forward in support of these beliefs, particularly if one adheres strictly to the traditional and currently accepted definitions of psychiatry and minimizes or evades what is demonstrated by the patient's behavior.

It is difficult, however, for society to hold these people to account for their damaging conduct or to apply any control that will prevent its continuing. Those who commit serious crimes have a history that any clever lawyer can exploit in such a way as to make his client appear to the average jury the victim of such madness as would make Bedlam itself tame by comparison. Under such circumstances they escape the legal consequences of their acts, are sent to mental hospitals where they prove to be "sane," and are released. On the other hand, when their relatives and their neighbors seek relief from them and take action to have "lunacy warrants" drawn against them, not wanting to be restricted, they are able to convince the courts that they are as competent as any man.

It is pertinent here to remind ourselves of the considerable change that has occurred during recent centuries in the legal attitude toward antisocial conduct and punishment. Formerly all who broke the laws were considered fit subjects for trial, and penalties were inflicted without regard to questions of responsibility or competency.

As Karl Menninger,[143] among others,[207,225] has so effectively pointed out, not only were the irrational considered fully culpable, but also young children and idiots. At an earlier date animals and even articles of furniture, a tree (or a stone) were brought to trial, fantastic as it seems to us now, and sentenced to legal penalties.

Today the murderer who hears what he believes is God's voice telling him to kill is not, as a rule, hanged. He is committed to a psychiatric hospital for the protection of society and for his own best interests, but not as a punishment. This legal attitude has become so axiomatic, so familiar to the man on the streets, that it is well for us to remember it is relatively new.

We might also bear in mind that once only obvious irrationality was regarded as personality disorder, as disability. Medically we recognize the fact that many less obvious disorders are more serious and incapaciting than those with gross superficial manifestations that can be readily demonstrated. In our attempts to appraise the psychopath and his disorder it will be helpful to bear these facts in mind and not to forget that our present medicolegal criteria are based on knowledge that is far from complete.

These people called psychopaths present a problem which must be better understood by lawyers, social workers, school teachers, and by the general public, if any satisfactory way of dealing with them is to be worked out. Before this understanding can come, the general body of physicians to whom the laity turn for advice must themselves have a clear picture of the situation. Much of the difficulty which mental institutions have in their relations with the psychopath springs from a lack of awareness in the public that he exists. The law in its practical application provides no means whereby the community can protect itself from such people. And no satisfactory facilities can be found for their treatment. It is with these thoughts especially in mind that I seek to present the material of this work in such a manner that the average physician who treats few frankly psychotic patients may see that our subject lies in his own field scarcely less than in the field of psychiatry. After all, psychiatry, though still a specialty, can no longer be regarded as circumscribed within the general scope of medicine.[24]

In nearly all the standard textbooks of psychiatry the psychopath is mentioned. Several recent textbooks have indeed made definite efforts to stress for the student the challenging and paradoxical features of our subject. Often, however, one finds tucked away at the end of a large volume an obscure chapter containing a few pages or paragraphs devoted to these strange personalities who take so much attention of the medical staffs in psychiatric hospitals and whose behavior, it is here maintained, probably causes more unhappiness and more preplexity to the public than all other mentally disordered patients combined. From some textbooks the medical student is likely to arrive at a conclusion that the psychopath is an unimportant figure, probably seldom encountered even in a psychiatric practice. Nor will he be led to believe that this type of disorder is particularly interesting. Not only is the chapter on psychopathic personalities often short, and sometimes vague or half-hearted, but even this is nearly always involved with personality types or disorders which bear little or no resemblance to that with which we are now concerned. While it is true that these other conditions are officially placed in the same category with the one discussed here, and which we believe is a clinical entity, it is hard to see how any student unfamiliar with the latter will profit by encountering it vaguely placed in a company of assorted deficiencies and aberrations which are by no means basically similar.

It is our earnest conviction that, classified with a fairly heterogeneous group under a loose and variously understood term, a type of patient exists who could, without exaggeration, be called the *forgotten man of psychiatry.* If we can present this patient as he has appeared so clearly during years of observation, if we can give some idea of his ubiquity, and, above all, if we can promote interest in further study of his peculiar status among other human beings, we shall be abundantly satisfied. It is difficult to contemplate the enigma which he provokes without attempting to find some explanation, speculative though the attempt may be. Our present efforts to explain or interpret are, however, tentative, and secondary to the real purpose of this volume, which is to call attention to what may be observed about our subject.

Chapter 3

NOT AS SINGLE SPIES BUT IN BATTALIONS

AN attempt to determine the incidence of this disorder in the population as a whole is opposed by serious difficulties. The vagueness of officially accepted criteria for diagnosis and the extreme variation of degree in such maladjustment constitute primary obstacles. Statistics from most neuropsychiatric hospitals are necessarily misleading, since the psychopath is not technically eligible for admission and only those who behave in such an extremely abnormal manner as to appear orthodoxly psychotic (that is to say, as suffering from another and very different disorder) appear in the records. If legal and medical rules were regularly followed, statistics from state hospitals and from the federal psychiatric institutions would show no psychopaths at all. Let it also be noted that these institutions contain a vast majority of the patients hospitalized in the United States for mental disorder. Most statistical studies, therefore, cannot be regarded as even remotely suggesting the prevalence of this disability in the population.

These facts notwithstanding, it is still impressive to note what the records of a typical psychiatric institution reveal.* Over a period of twenty-nine months 857 new patients were admitted to one federal hospital, where a staff of ten psychiatrists, including myself, classified them after careful examination and study. Of this group, 102 received the primary diagnosis of psychopathic personality, being considered free of any other mental disorder that could account for the difficulties that led to their admission. This group, comprising nearly one-eighth of all those admitted, indicates that the disorder is far from rare. The records also show 134 other patients classified under *alcoholism* or *drug addiction* who, I believe, for reasons brought out in the appendix, were nearly all fundamentally like those diagnosed as psychopaths, the addiction and other complications being secondary. If even one-half of these are considered as psychopaths, we arrive at a figure of 169, or almost one-fifth of the total.

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* See Appendix A, pages 519-524 for details of this survey.

These statistics from one psychiatric institution cannot, of course, be taken as proof that the disorder is so prevalent everywhere. One must not overlook the fact, however, that each of these patients was accepted despite rules specifically classifying him as ineligible, and often as a result of conduct so abnormal or so difficult to cope with that he was considered a grave emergency. Another factor worth mentioning is the psychopath's almost uniform unwillingness to apply, like other ill people, for hospitalization or for any other medical service. The survey at least suggests that these patients are common and that they constitute a serious problem in the average community and a major issue in psychiatry.

I have been forced to the conviction that this particular behavior pattern is found among one's fellow men far more frequently than might be surmised from reading the literature. If the nature of the disorder in question defines itself throughout the course of this work with sufficient sharpness and clarity to be recognizable as a pathologic entity, little doubt will remain that it presents a sociologic and psychiatric problem second to none.

The man who develops influenza or who breaks his arm nearly always thinks at once of calling his doctor. The unconscious victim of a head injury is promptly taken by his family, his friends, or, lacking these, by casual bystanders to a hospital where medical attention is given. Persons who develop anxiety, phobia, or psychosomatic manifestations are likely to seek aid from a physician. Even those who demur and delay since they fear they will be called weak or silly because of symptoms commonly classed as psychoneurotic can be, and usually are, persuaded by their families after varying periods of reluctance to ask for help.

Children, of course, often seek to avoid both the pediatrician and the dentist, despite the advice of parents. But the parent seldom fails, when need of treatment is a serious matter, in getting the child, with or without his willingness, into the hands of the doctor. Many patients ill with the major personality disorders we classify as psychoses do not voluntarily seek treatment. Some do not recognize any such need and may bitterly oppose, sometimes by violent combat, all efforts to send them to psychiatric hospitals. Such patients, however, are well recognized. Medical facilities and legal instrumentalities exist for handling the problem, and institutions are provided to accept such patients and hold them, if necessary against their own volition, so long as it is advisable for the patient's welfare or for the protection of others.

When we consider, on the other hand, these so-called psychopathic personalities, we find not one in one hundred who spontaneously goes to his physician to seek help. If relatives, alarmed by his disastrous conduct, recognize that treatment, or at least supervision, is an urgent need, they meet enormous obstacles. The public institutions to which they would turn for the care of a schizophrenic or a manic patient present closed doors. If they are sufficiently wealthy, they often consider a private psychiatric hospital. It should here be noted, also, that such private hospitals are necessarily expensive and that perhaps not more than two or three per cent of our population can afford such care for prolonged periods. No matter how wealthy his family may be, the psychopath, unlike all other serious psychiatric cases, can refuse to go to any hospital or accept any other treatment or restraint. His refusal is regularly upheld by our courts of law, and grounds for this are consistent with the official appraisal of his condition by psychiatry.

Nearly always he does refuse and successfully oppose the efforts of his relatives to have him cared for. It is seldom that a psychopath accepts hospitalization or even out-patient treatment unless some strong means of coercion happens to be available. The threat of cutting off his financial support, of bringing legal action against him for forgery or theft, or of allowing him to remain in jail, may move him to visit a physician's office or possibly to enter a hospital. Subsequent events often demonstrate that he is acting, not seriously and with the understanding he professes, but for the purpose of evasion, whether he himself realizes this or not. He usually breaks off treatment as soon as the evasion has been accomplished.

Since medical institutions refuse to accept the psychopath as a patient, and since he does not voluntarily, except in rare instances, seek medical aid, it might be surmised that prison populations would furnish statistics useful in estimating the prevalence of his disorder. It is true that a considerable proportion of prison inmates show indications of such a disorder.[20,129] It is also true that only a small proportion of typical psychopaths are found in penal institutions, because the typical patient, as will be brought out in subsequent pages, is not likely to commit major crimes that result in long prison terms. He is distinguished by his ability to escape ordinary legal punishments and restraints. Though he regularly makes trouble for society, as well as for himself, and frequently is handled by the police, his characteristic behavior does not include felonies which would bring about permanent or adequate restriction of his activities. He is often arrested, perhaps a hundred times or more. But he nearly always regains his freedom and returns to his old patterns of maladjustment.

Though the incidence of this disorder is at present impossible to establish statistically or even to estimate accurately, I am willing to express the opinion that it is exceedingly high. Certainly it is hundreds of times more common than poliomyelitis, and its results are more disastrous. On the basis of experience in psychiatric out-patient clinics and with psychiatric problems of private patients and in the community (as contrasted with committed patients), it does not seem an exaggeration to estimate the number of people seriously disabled by the disorder still listed under this ambiguous term as greater than the number disabled by any recognized psychosis except schizophrenia. So far as I know, there are no provisions made in any public institution for the care of even one psychopath.*

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*An exception must be made in the case of psychopaths convicted of major crimes and sentenced to imprisonment in federal institutions. At the Medical Center for Federal Prisoners at Springfield, Mo., provisions are made for psychopathic personalities, their problems are recognized, and genuine efforts are made to handle them psychiatrically.[137,173] This admirable effort applies, however, only to a small fraction of those needing attention, and leaves still ignored the ninety-nine out of one hundred patients who remain without attention or restriction.

Chapter 4

METHOD OF PRESENTATION

BEFORE attempting to define or describe the psychopath, to contrast him with other types of psychiatric patients, or to make any attempt to explain him, I would like to present some specimens of the group for consideration.

This procedure will be in accord with the principles of science in method at least, since, as Karl Pearson pointed out in *The Grammar of Science,* this method always consists of three steps:[80]

1. The observation and recording of facts;
2. The grouping of these facts with proper correlation and with proper distinction from other facts;
3. The effort to devise some summarizing or, if possible, explanatory statement which will enable one to grasp conveniently their significance.

Several decades ago, keeping these steps clearly in mind, Bernard Hart gave an account in *The Psychology of Insanity*[80] of personality disorder that has, perhaps, never been surpassed for clarity and usefulness. Psychopathology has not been a static field, and many new concepts have arisen which make Hart's presentation in some respects archaic and unrepresentative of viewpoints prevalent today in psychiatry. This point notwithstanding, the method followed by Hart remains an example of how the problems of personality disorder can be approached with maximal practicality, with minimal risks of mistaking hypothesis for proof or of falling into the schismatic polemics that, scarcely less than among medieval theologians, have confused issues and impeded common understanding in psychiatry. Without claims to comparable success in the effort to follow Hart's method, I acknowledge the debt owed one who set so excellent an example more than thirty years ago.

The most satisfactory way in which such clinical material could be presented is, in my opinion, as a series of full-length biographic studies, preferably of several hundred pages each, written by one who has full access to the life of each subject. Only when the concrete details of environment are laid in, as, for instance, in an honest and perceptive novel, can the significance of behavior be well appreciated. Certainly no brief case summary, and probably no orthodox psychiatric history can succeed in portraying the character and the behavior of these people as they appear day after day and year after year in actual life.

It is not enough to set down that a certain patient stole his brother's watch, that another got drunk in a pool room while his incipient bride waited at the altar, etc. To get the *feel* of the person whose behavior shows disorder it is necessary to feel something of his surroundings. The psychopath's symptoms have been said to be primarily sociopathic.[168,169,170] It is true that all, or nearly all, psychiatric disorder is in an important sense sociopathic, in that it affects adversely interpersonal relations. In most other disorders the manifestations of illness can, however, be more readily demonstrated in the isolated patient in the setting of a clinical examination. In contrast, it is all but impossible to demonstrate any of the fundamental symptoms in the psychopath under similar circumstances. The substance of the problem, real as it is in life, disappears, or at least escapes our specialized means of perception, when we remove the patient from the milieu in which he is to function.

All that surrounds and has ever surrounded the schizophrenic or the man with severe obsessive illness is, of course, important to us if we seek to understand why these people became disabled. Lacking all information except what might be gained from either of these patients (with whom one is, let us say, confined in an oxygen chamber on the moon) the observer will, nevertheless, have little trouble in discerning that there is disorder, and a good deal about the general nature of the disorder.

Aside from questions of cause and effect, we have little opportunity even to realize the existence of the subject we must deal with unless the psychopath can be followed as he departs from the (essentially in vitro) situation of physician's office or hospital and takes up his activities in the community on a real and (socially) in vivo status.

It is with such convictions in mind that we shall often include detail of the environment, perhaps digress to the patient's husband or parents, report glimpses of the patient through the eyes of a lay observer, and at times attempt, from what material is available, a tentative reconstruction of situations that can be experienced adequately only at first hand. It is regrettable that so much detail of this sort is difficult and often impossible to obtain. Without a good deal of his specific surroundings in the community there is no way for more than the insubstantial image of his being, like the picture projected from a lantern slide, to reach awareness. The real clinical entity is approachable only in the unstatic, actual process of the patient's life as he takes his specific course as a personal and sociologic unit.

The disorder can be demonstrated only when the patient's activity meshes with the problems of ordinary living. It cannot be even remotely apprehended if we do not pay particular attention to his responses in those interpersonal relations that to a normal man are the most profound.

If no schizophrenic had ever spoken, we would probably have little realization of what we understand (incomplete as this is) of auditory hallucinations. The schizophrenic can, by his verbal communication, give us some useful clues in our efforts to approach many of his problems. Little or nothing of this sort that is reliable can, by ordinary psychiatric examination, be obtained from the psychopath. Only when we observe him not through his speech but as he seeks his aims in behavior and demonstrates his disability in interaction with the social group, can we begin to feel how genuine is his disorder. To study the psychopath almost entirely in the orthodox clinical setting where patients ordinarily appear is like examining the schizophrenic with our ears so muffled that his reiterated and quite honest claims of hearing voices of the dead talking to him from the sun (and from his intestines) fail to reach our perception.

If another analogy be permitted, let us say that a pair of copper wires carrying 2,000 volts of electricity when we look at them, smell them, listen to them, or even touch them separately (while thoroughly insulated from the ground) may give no evidence of being in any respect different from other strands of copper. Let us, however, connect them to a motor (or have someone seize both of them at once) and we find out facts not to be perceived otherwise. The unmistakable evidence of electricity appears only when the circuit is made. So, too, the features that are most important in this disorder do not adequately emerge when it is relatively isolated. The qualities of the psychopath become manifest only when he is connected into the circuits of full social life.

The sort of presentation our problem requires is, of course, impossible. In an effort, however, to give at least a vivid glimpse of the material under consideration, I have made use of a somewhat different form of report than that customarily offered.

The impersonal and necessarily abstracted picture of these people in a purely clinical setting fails to show them as they appear in flesh and blood and in the process of living. In the restricted and arbitrary range of activities afforded by hospital life their tendencies cannot be so truly and vividly demonstrated as in the larger world. To know them adequately, one must try to see them not merely with the physician's calm and relatively detached eye but also with the eye of the ordinary man on the streets, whom they confound and amaze. We must concern ourselves not only with their measurable intelligence, their symptomatology (or, rather, lack of symptomatology) in ordinary psychiatric terms, but also with the impression they make as total organisms in action among others and in all the nuances and complexities of deeply personal and specifically affective relations. To see them properly in such a light we must follow them from the wards out into the market place, the saloon, and the brothel, to the fireside, to church, and to their work.

In attempting this, however incompletely and inadequately, it is perhaps desirable for us not to trade our naiveté at once for the experienced clinician's discriminating viewpoint. Let us first watch them in their full conduct as human beings, not neglecting even the impression they make on Tom, Dick, and Harry, before trying to frame them in a scheme of psychopathology.

The terms we shall use to describe them may often imply that we blame them for what they do, or suggest an attitude of distaste or mockery for some of their behavior. Many psychiatrists still regard such patients, unlike those suffering from ordinary psychoses, as "totally responsible" for their misconduct and their difficulties. As this volume will subsequently show, I do not share such an attitude. The faulty reactions in living which these patients show are, however, difficult to describe without sometimes using terms that come more readily to moralists or sociologists or laymen than to psychiatrists. The customary psychiatric terminology does not, we believe, offer a range of concepts into which we can fit these people successfully.

With other patients whose disorder is frankly recognized we can, by our impersonal and specifically medical language, communicate fairly well to each other what we have observed. Some aspects of the psychopath which elude such language may be reflected, however imperfectly, in the simplest accounts of direct impression by those who have been closest to him and felt the impact of his anomalous reactions. For these reasons, then, and with apology, reference may be made to some actions as outlandish, foolish, fantastic, buffoonish, etc.

The chief aim of the present work is to help, in however small a way, to bring patients of this sort into clearer focus so that psychiatric efforts to deal with their problems can eventually be implemented. It has, of course, been necessary and in every way desirable to eliminate all details that might lead to the personal identification of any patient whose disorder has been studied and recorded. All patients referred to have been carefully shielded from recognition. It is nevertheless true that the psychopath engages in behavior so unlike that of others and so typical of his disorder that no act can be reported of a patient from Oregon seen ten years ago without strongly suggesting similar acts by hundreds of psychopaths carried out in dozens of communities last Saturday night. I can only express regret to the scores of people whose sons, brothers, husbands, or daughters, I have never seen or heard of, but who have, no doubt, reproduced many or perhaps all of the symptoms discussed in this volume. This disorder is so common that no one need feel that any specific act of a psychopath is likely to be distinguishable from acts carried out by hundreds of others.

In discussing the possible influence of environment on the development of this disability, I hope I will not promote unjustified regret or remorse in any parent. Hundreds of times fathers and mothers have discussed their fear that some error or inadequacy on their part caused a child to become a psychopath. Most parents of such patients personally studied impress me as having been conscientious and often very kind and discerning people. As will be brought out later, I do not believe obvious mistreatment or any simple egregious parental errors can be held justifiably as the regular cause of a child's developing this complex disorder. All parents, no doubt, make great as well as small mistakes in their role as parents. It has seemed at times that the very points about which some mothers and fathers feel most uneasiness are the opposite of those so regretted by others and assumed to be the crucial mistakes that have contributed to the maladjustment of a child. Less than in most other kinds of psychiatric disorder has it seemed to me that one could find and point out as causal influences gross failures on the part of the parents which people of ordinary wisdom and good will might have readily avoided.

Cruvant and Yochelson[42] have expressed the opinion that strong and inappropriate negative attitudes toward psychopaths are commonly aroused in psychiatrists who attempt to deal with them as patients. This is an important point. Such reactions, there is reason to suspect, have tended to distort psychiatric appraisals of the disorder. I am not so rash as to claim total immunity from the subtle bias these patients seem to promote in so many physicians. It is hoped that the earnest wish to avoid this distorting influence will minimize effects of what can be more readily detected in the estimates of others than of one's self. A strong personal conviction that in the psychopath we are dealing with genuine illness should be of some remedial value, to whatever degree of this prejudice I am, unwittingly, a victim.

When one has the opportunity to follow the career of a typical psychopath, his pattern of behavior appears specific—something not to be confused with the life of an ordinary purposeful criminal or of a cold opportunist who, in pursuit of selfish ends, merely disregards ethical considerations and the rights of others.

This pattern, I believe, differs no less distinctly than the specific and idiomatic thought and verbal expressions of schizophrenia differ from those of the mentally defective and from other psychiatric conditions. Never in faults of logical reasoning, or in verbal confusion or technical delusion, but rather in the sharper reality of behavior, the psychopath seems often to produce something as strange and as obviously pathologic as the following statement taken from the letter of a patient with schizophrenia:

> "Financial service senses worries of 35 whirlpools below sound 1846, 45, 44, A.D. Augusta City treasur, Richmond County treasur, United States Treasur of Mississippi River flood area. Gentlemen will you come to . . . and idenafy none minastrative body that receives the life generated by fourth patented generative below sound. Further arrange financial credit for same. Would like two bedrooms at up town Hotel and convenient to roof garden. Until you gentlemen decide

> further what my occupation is you may as well announce me as comforting 35 whirlpools below sound. May you gentlemen have gray eyes and thick bones as the flat sense minastrated are very valuable in idenafying me."

Even such a relatively simple bit of word-salad stands out at once as indicative of profound and specific disorder within the writer. As in the words of the schizophrenic, so in the behavior of the psychopath there seems to work a positive knack for producing situations which can be accounted for only in terms of psychiatric illness which is unique.

Section 2

THE MATERIAL

PART 1

The Disorder in Full Clinical Manifestation

Chapter 5

MAX

THIS patient first came to my attention years ago while I was serving my turn as Officer of the Day in a Veterans Administration psychiatric institution. His wife telephoned to the hospital for assistance, stating that Max had slipped away from her and begun to make trouble again. With considerable urgency and apparent distress she explained that she was bringing him to be admitted as a patient and begged that a car with attendants be sent at once to her aid.

He was found in the custody of the police, against whom he had made some resistance but much more vocal uproar. The resistance actually was only a show of resistance consisting for the most part of dramatically aggressive gestures while he was too securely held to fight and extravagant boasts of his physical prowess and savage temper. His general demeanor in this episode suggested the familiar picture of small boys, held fast by peacemakers, who wax ever more eloquently militant as the possibilities of actual conflict diminish.

He came quietly with the attendants and on arriving at the admission ward was alert, self-assured, and boastful. Extolling his own mettle as a prizefighter, as a salesman, and as general good fellow, he was, nevertheless, friendly and even flattering toward the examining physician and the hospital.

He was far from what could be called drunk. It would, in fact, be stretching a point to say he was "under the influence." He had been drinking, it is true, but he knew well what he was doing and only by an impracticable flight of fancy could one attribute his behavior primarily to liquor.

At the admitting ward of the hospital accompanying papers promptly revealed that the patient's desire for treatment arose in consequence of some checks which he had forged in Spartanburg, S. C. He had been arrested and convicted but instead of being sent to jail an agreement was reached whereby he might come to the hospital for psychiatric treatment.

His wife, his attorney, and representatives of a veterans' organization pointed out that he had frequently been in hospitals for the treatment of mental disorder and maintained that he was not responsible for his misconduct.

He seemed pleased to be at the hospital, was expansive and cordial, a little haughty despite his well-maintained air of camaraderie. Though a small man, only five feet six, he made a rather striking impression. His glance was fresh and arresting. His movements were quick, and he had an air of liveliness vaguely suggestive of a chipmunk. Though preposterously boastful, he did not show any indications of a psychosis.

The hospital records showed that he had been a patient eight years previously for a period of two months. During this time of study he showed no evidence of a psychosis or a psychoneurosis and was discharged with a diagnosis of psychopathic personality. He was found to have tertiary syphilis, but neurologic examination and spinal fluid studies showed no evidence of neurosyphilis.

Though at first cooperative and agreeable on this previous admission, he soon became restless and expressed dissatisfaction with the hospital. He was granted parole, but on his first pass into town he got into an altercation in which words were more prominent than blows and was held by the police for disturbing the peace.

After losing parole he became constantly unruly in petty ways, often insulted the nurses and attendants, and several times egged on mildly psychotic patients to fight each other or to resist the personnel on the ward. On being questioned about this conduct by physicians, he glibly denied all and showed little concern at being accused. Since he was not considered as suffering from a real nervous or mental disorder, and since it was difficult to keep him on any ward except the closely supervised one among actively disturbed patients, he had been discharged.

Records show that he sought hospitalization on other occasions after having been fined a half-dozen or more times for brawling on the streets and for petty frauds. There is every reason to believe, from the evidence of careful reports by the Red Cross and by social service workers, that when his troubles with the civil authorities became too discomforting he sought the shelter of a psychiatric hospital.

Several months previously he had spent six weeks at a Veterans Administration hospital in Maryland after getting into similar trouble with the police in Wilmington, Delaware. He complained at the time of having spells during which he lost his temper and attacked people, often, according to his story, with disastrous results, since, again according to his story, he had at one time been featherweight boxing champion of England.

According to the psychiatric history at the Maryland hospital, he had, in describing these spells, mentioned some points that would suggest epilepsy. As soon as he came to the hospital and was relieved of responsibility for the trouble he had made, the so-called spells ceased. His descriptions of them varied. Sometimes, when particularly expansive, he boasted of superconvulsions lasting as long as ten hours, during which he made window panes rattle and shook slats from the bed. After being in the hospital for several weeks and apparently beginning to grow bored, his talk of spells died down and he seemed to lose interest in the subject. He was discharged after the staff had agreed that the alleged seizures were entirely spurious, and the patient himself had all but admitted it. The diagnosis of psychopathic personality was made.

Between his first visit to the present hospital and his recent return he had been in five other psychiatric institutions, each time following conflicts with the law or pressing difficulties with private persons. In all the records accumulated during these examinations and investigations, no authentic symptom of an orthodox mental disorder is noted. True enough, there are statements by wives and other interested parties about spells and opinions by the laity, such as the following which was quoted by his attorney on one occasion to shield him from the consequences of theft:

> "I had occasion to be in Dayton, Ohio, recently and talked to the people running the .... Loan Company at ....Street, having stopped there for about an hour between trains en route for Chicago. I was informed by these gentlemen that he had wheels in his head."

Statements such as the above, opinions that he is "undoubtedly goofy," that he does not behave like a man in his proper senses, etc., abound in the ponderous stack of letters, medical histories, social service reports, records of court trials, and other material that has accumulated in this man's wake. One who reads his strange and prolix story, and, even more, one who knows the hero personally is only too ready to fall into the vernacular and agree. Nevertheless, it was equally true on reviewing his record at the time of his new admission that no symptom impressing a psychiatrist had been manifested and that many groups of psychiatrists had, after careful study, continued to find him free of psychosis or psychoneurosis, in other words, sane and responsible for his conduct and even without the mitigating circumstance of a milder mental illness.

Once during this period he had been sent to prison in a southern state for forgeries a little more ambitious than his routine practice. At the instigation of his second and legal wife, who consistently flew to his aid (despite her chagrin at the patient's having meanwhile consummated two bigamous marriages), well-meaning officers of a veterans' organization became interested and took up the cudgels.

The patient, wearying sharply of prison, had for some time been talking on all occasions about a blow on the head which he had sustained while in service. This alleged incident, though absent from his military records, had cropped up frequently but not regularly during his hospitalizations. Sometimes the blow, which he had sustained accidentally from the butt of a gun that a companion was breaching, had merely left him dizzy for a moment. Again it had knocked him unconscious for a short period and necessitated several days' rest in his tent.

Max now became more specific about his wartime injury and explained that he had suffered a severe concussion, lying out stark and unconscious for some eight or nine hours. Attorneys pointed out his many periods of treatment in psychiatric hospitals. The governor soon agreed to parole him into the custody of a federal hospital in Mississippi.

During his present hospitalization he was for several weeks happily adjusted on the admission ward, busy doing small favors for the physician, congenial with all the personnel, helpful and kindly toward psychotic patients. He was alert, quick-witted, nimble with his hands, entirely free from delusions, hallucinations, or any of the broader personality changes found in the ordinary psychoses. He was by no means "nervous," even in the lay sense, and showed no emotional instability or signs of ungovernable impulse. Rather than an excess of anxiety, he showed the reverse, apparently finding little or nothing in his present situation or in all his past difficulties to cause worry or uneasiness.

As the time passed he began, however, to grow restive. He became somewhat condescending toward the physician, frequently referring to himself as a man of superior education and culture and boasting that he had studied for years at Heidelberg.

Shortly before the time set for him to come before the staff he demanded his discharge. This was denied. He now became involved in frequent altercations with attendants and sometimes fought desultorily with other patients. These fights always started over trifles, and Max's egotism and fractiousness raised the issue. He never attacked others suddenly or incomprehensibly as does a psychotic person motivated by delusions or prompted by hallucinations. The causes of his quarrels were readily understandable and were always found to be similar to those which move such types as the familiar schoolboy bully. Usually his adversaries were patients also disposed to quarrel. No signs of towering rage appeared or even of impulses too strong to be controlled by a very meager desire to refrain.

He always took care not to challenge an antagonist who might get the upper hand. During this period he talked much of his past glories as a pugilist, describing himself as former featherweight champion of all the army camps in the United States. The desire to show off appeared to be a strong motive behind many of his fights. As will be brought out later, he was indeed, a skillful boxer. These stories were not delusion but the exaggeration and falsifying, sometimes unconscious or half-conscious, that are often seen in sane people and not infrequently in those who are able, intelligent, and highly successful.*

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*This tendency is so common even in wise and reliable people that one is at a loss to choose from the wealth of examples in everyday life. A highly regarded and respected friend of mine, a doctor of philosophy, recently appointed professor of physics in a small but distinguished college, and the author of several useful and accurate contributions to scientific literature, is the first who comes to mind.

This distinguished man has often regaled groups of acquaintances, myself among them, with accounts of working his way through the university by playing professional ice hockey at night, later setting type on a newspaper for several hours, rising before daylight to stoke tugboats on the waterfront, riding thirty-four miles to a high school to teach one subject and thirty-four miles back, as well as keeping house in a three-room apartment shared with six aviators, and relieving the janitor of the building one hour during each twenty-four. All these activities were spoken of as being carried out simultaneously and along with full-time work at the university. He described in great detail and with apparent familiarity the duties of these positions. His only studying, he said, was done on the subway en route to his various duties.

The same friend once came up from behind while another man and I were commenting on the height of a cliff on which we stood. The hazards

He was often caught sowing the seeds of discontent among other patients whom he encouraged to break rules, to oppose attendants, and to demand discharges. He made small thefts from time to time. This trend culminated in his kicking out an iron grill during the night and leaving the hospital. He took with him two psychotic patients, and numerous others testified that he had tried to persuade them to leave also.

The next afternoon he was returned to the hospital by the police after being arrested in the midst of a brawl that he had caused by cheating at a game of chance in a low dive. He had taken a few beers but was shrewd, alert, and well in command of his body and his faculties.

He now insisted on his discharge from the hospital against advice and was brought before the medical staff. The diagnosis of psychopathic personality was again made. In his demands to be released he arrogantly maintained that he had been pardoned outright by the governor of the state which had imprisoned him, pointed out vehemently that he was sound in mind and body, and expressed strong indignation at being confined unjustly in what he referred to as a "nut house." It was then pointed out to him that he was not pardoned but merely paroled and told that if discharged at present he would be returned to the penitentiary.

Here his wrath began to subside at once and marvelously. Hastily but with some subtlety, his tone changed, and he began to find points in common with the advice he had been receiving from the staff. He left the room in a cordial frame of mind, tossing friendly

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of a dive from the position were being idly discussed. The newcomer at once estimated, probably with commendable accuracy, the height, the angle of landing, and all the technicalities of such a dive. He then launched into an astonishing description of a dive he had made in early youth from a bridge 167 feet above the Guadalquiver.

One of the students to whom this excellent scholar lectures stated that it is the custom for each succeeding class to tabulate his adventures and their duration in these pseudoreminiscences and therefrom compute his age. The top figure so far is 169 years. Several classes have bettered 150. The students have great respect for him and confidence in him, as a teacher and as a man. They are particularly devoted to him.

Let it be clearly understood that the person discussed in this footnote is not being brought forward as illustrative of the subject of this study. He is no part of a psychopath. He is, in fact, a character whose essential traits lie at the opposite extreme. The reminiscences here ascribed to him are not told boastfully or for the purpose of shielding himself or of gaining any material end. He is strikingly free of arrogance, kind to a remarkable degree, and altogether worthy of his strong reputation as a good and reliable man. His word in any practical matter is to be respected.

and fairly clever quips back at the physicians, nearly all of whom he had known during some of his many admissions to various hospitals.

About ten days later he was pardoned outright by the governor and almost immediately took legal action which got him discharged against medical advice.

Many similar adventures had occupied his time prior to the recent admission. Some of these had resulted in his being sent, as in the episode above, to psychiatric hospitals from which he promptly obtained his release by legal action. Others had led him to jail and to the police barracks dozens of times for charges not sufficiently serious for him to utilize the expedient of psychiatric hospitalization as a means of escape.

A series of troubles had led to his reaching the hospital on this last occasion. As mentioned previously, he had many years ago divorced his first wife and remarried. The second legal spouse continued to play an important part in his career. As the proprietress or Madame of a local brothel generally conceded to be the most orderly and, perhaps in a certain sense, the most respectable institution of its sort in the city, she was constantly embarrassed by the actions of her husband. Though enjoying a good part of the revenue from this ever-lucrative business, Max troubled himself little to maintain the dignity of the house.

In fact, he went out of his way, it seemed, to complicate matters for his wife. If not through his daily and nightly brawls or uproars in various low grogshops, dancehalls, "juke-joints," etc., then by putting slugs into slot machines or serving as fence in some petty thieving racket, he brought the police in search of him down on the House of Joy which maintained him.

Though satisfactory understandings existed between this institution and the law, policemen suddenly appearing at the door and trooping through the hallways proved anything but conducive to that sense of security and dignity Mrs. ——— had long and justly boasted for her house.

Max also, especially after a few drinks, liked to go about the house bragging to clients and to entertainers alike of his prowess in various lines, intruding on parties still at the "downstairs stage" of the night's activities, minding everybody's business, and inevitably turning the conversation to his superiorities. Most of the time he was quite amiable in this role—a cordial, but an all too cordial, host under circumstances where people are usually concerned more with definite and perhaps pressing aims of their own than with the glowing reminiscences of another. Occasionally when crossed he became threatening even with clients and, though open strife was usually avoided, hot, wild words and strenuous scenes sometimes followed, with Max exulting in the aftermath by pacing up and down the corridors of the house, shadow-boxing, cursing, crying out his pugilistic titles and victories, and challenging all comers.

No one better than his wife, a woman of experience and good judgment in such matters, realized what an unhappy effect these antics had on her clientele quietly seeking pleasure behind doors before which Max roared and paraded. Naturally she sought to silence him and to lead him off to the quarters they shared. Usually, however, her appearance served merely as a focus for his ire, and the tumult she sought to quell redoubled through her efforts. More than once under such circumstances he pursued her into her room, the wrangle having moved on to open violence, and beat her there to his heart's content. Mrs. ————, a tall and heavy person, gave a casual impression of being twice as large as Max. Furthermore, she was a woman of considerable strength. She often fought back vigorously and, though she seldom succeeded in landing a telling blow that would discourage her marital opponent, her resistance made the fight much more lively and greatly augmented the uproar of thuds, slaps, crashes, oaths, grunts, and honest yells of pain.

Over several years this connubial life had been interrupted frequently by Max's departure, which he usually took in heat after quarrels such as those described above. Often he left voluntarily with obscene curses at his wife on his lips. Sometimes she called the police to him after he had covered her with minor bruises and abrasions from his practiced fists and had him forcibly ousted. Over the years he spent perhaps two-thirds of his time away, going from city to city, living by his wits, which are sharp indeed. When caught in his minor frauds, which he practiced not only on the public but also on those associated with him in his ventures, he quickly left town; or, if not quick enough, spent a few days in jail, from which he soon obtained release by telling of his imaginary head injury, of his "spells," or of anything else that occurred to his fertile mind as a means to make people believe he was incompetent because of "shell shock." When his situation turned out to be more serious, he telegraphed or telephoned to his wife, who at once flew to his aid and usually with some little money at her disposal.

He covered the entire eastern seaboard on these trips and made several expeditions into the Middle West. For a few weeks in Texas he lived well off of money he milked from slot machines by some ingenious device or contraption or maneuver. His inventions of this type are numerous and highly practical. He could, perhaps, make an excellent living indefinitely off such takings if he did not, when drinking, and often when sober, boast too widely of his cleverness or otherwise bring himself to the attention of the police.

It has been mentioned that he had, earlier in his career, but after his second marriage, been wedded to other women bigamously. His wife learned of these episodes and legal action was taken by the deceived women. From these minor troubles he was extricated by his shrewdness, the aid of his wife, and the power of his familiar tactics of claiming incompetency and irresponsibility.

This gambit of moves seems to have gained rather than lost effectiveness by repetition. It has become virtually a joker in the deck, or rather up the sleeve; and it has never failed him yet. One cannot but wonder if the juries, the courts, and other authorities are not overwhelmed by precedent and, seeing that his grounds for impunity have been upheld so often in the past, fail to challenge them adequately. Precedent is, of course, freely admitted to weigh heavily in law. On the other hand, these nonmedical observers seem to weigh seriously the plain facts of the patient's conduct when they decide that he is not a normal man. Psychiatry, with its clear rules and definitions for the determination of psychosis, has not seemed to be as much concerned with these facts.

The immediate cause of Max's return to the hospital on this occasion was indirectly connected with a third bigamous marriage which he recently made while off on one of his tours from connubial security. With his new partner he tried his hand again at forgery on a somewhat larger scale than usual. He prospered for a while and, flushed with prosperity and bravado, brought his new bigamous partner home with him on a visit to the brothel where his legal wife was struggling to restore standards which had suffered during his presence.

Quarreling broke out at once, as might well be imagined, between the two wives. Max, still in character, did nothing to pour oil on these sorely troubled waters. In fact, his every move seemed designed to whip up the already lively doings to a crescendo. The dispute culminated in a vigorous and vociferous set-to during which both ladies were pretty thoroughly mauled, furniture broken, and the brothel all but wrecked. Max's most important personal contribution to the fray was a broken jaw for his legal wife, the Madame of the house.

It is interesting here to note that, despite his continual brawling with both men and women over so many years while drinking or while quite sober, and despite his ferocious threats of violence and his pretty genuine ability as a pugilist, no serious bodily harm had before this come to anyone at his hands. I believe that the substantial injury was unintentional, an act of thoughtless exuberance committed in the heat of a situation eminently and subtly designed to bring out high enthusiasm in such a man as our hero.

Having succeeded in bringing off a scene that even in his career stands out as a little masterpiece, he took the bigamous partner and fled back to the nearby city where his forgeries were in progress. Almost on his arrival detection met him, and hard on its heels came prosecution from home in consequence of the jaw-breaking. To these difficulties charges for his latest bigamy were added. As such disasters began to accumulate about Max, his legal wife, finally aroused, decided for the moment to lend her influence to the punitive forces.

In the court action that followed, the present and third bigamous wife received an adequate sentence to the state penitentiary, and for a while Max's own fortune seemed none too bright. Wrought upon by his protestations, however, and perhaps influenced as well by the disappearance of her rival from the scene, his old protector, the legal wife, was won over and began to work with her husband. Soon matters were arranged for him to escape the ordinary consequences of his deeds and be sent again to a psychiatric hospital. His last admission, with which this account began, was the result.

Safe in the familiar harbor of a psychiatric hospital, he was for a week or more friendly, cooperative, and apparently content. He was at all times shrewd, somewhat witty on low levels of humor, and entirely free from ideas or behavior suggesting any recognized psychosis.

He became very friendly with me at this period and talked entertainingly and with enthusiasm about his many adventures. He denied all misconduct on his part but admitted that he had often been in trouble because of his wife and others. It was not the denial of a man who is eager to show himself innocent but the casual tossing aside of matters considered irrelevant or bothersome to discuss. After briefly laughing off all his accusations, he at once shifted the subject to his many triumphs and attainments.

Telling of his early life in Vienna, his birthplace, he spoke of his excellent scholarship in the schools, his pre-eminence at sports and of the splendid figure in general he had cut as a youth in that gay and urbane city. In none of these statements did he lay in details such as might be expected of a man developing a delusional trend. No psychiatrist, and few laymen for that matter, would have had the least difficulty in recognizing all this as "tall talk" designed to deceive the listener and to put the talker in a good light. All the patient's reactions showed that he himself was far from being taken in.

His birth and upbringing in Vienna coincide with the facts as obtained from his army records. His alleged experiences at Heidelberg are recorded many times on his own testimony. He described himself as a distinguished student in that honorable university, referring to Kant and Schopenhauer and several of the Greek philosophers as special subjects of his study. He spoke also of a deep interest in Shakespeare during his student days and sought to give the idea that he was celebrated among his fellows for his knowledge of the Bard.

The shrewdness and agility of his mind were prettily demonstrated in these references to the picturesque and traditional gaieties of student life, to the works of the philosophers and poets. No less vividly and convincingly did he reveal an utter lack of any real acquaintance with all the subjects about which he boasted himself learned.

He knew the names of a half-dozen Shakespearean plays, several catch-penny lines familiar to the man on the streets, a scattering of great names among the philosophers. Not only was he totally ignorant of the systems of thought for which his philosophers are famous but also even of superficial and general facts about their lives and times that any person, however unintellectual, could not fail to remember if he ever had the interest to read of such matters. Of Shakespeare he knew practically nothing beyond the titles that rolled eloquently from his tongue and a few vague and jumbled conceptions that have crept into the ideologies of bootblacks, peasants, and street gamins the world over. Furthermore, he had no interest, as contrasted with knowledge, in any matter that could be called philosophic or poetic. He liked to rattle off his little round of fragmentary quotations, the connections and the connotations of which he realized only in the most superficial sense, to contribute a few pat and shallow saws of his own which he showed that he believed were highly original, iconoclastic, and profound, to boast generally of his wisdom and then go on to descriptions of his other attainments and experiences.

To my surprise, he was several times taken by psychiatrists who studied him briefly and by social service workers as a man of some intellectual stature. His story of study at Heidelberg, though usually discounted, was, if the implication of the psychiatric histories is correctly read, sometimes taken as true or probably true.

Although my actual contact with Heidelberg is superficial enough, I had no difficulty in demonstrating in the patient a plain lack of acquaintance with the ways of life there. The general plan of study and the physical set-up of the university, matters that would be familiar to anyone who had been an undergraduate there, however briefly and disinterestedly, were unknown to Max. He showed that he had probably passed through the town and that he had heard and still clearly remembered gossip and legend from the streets of Vienna about the university and its customs, but he had no more real understanding of it than a shrewd but unlettered cockney would have of Cambridge.

This phase of his examination provided, in my opinion, a striking example of the ambiguity inherent in our word *intelligence.* Here was a man of exceptional acumen. His versatile devices to defraud, his mechanical inventions to overcome safeguards which ordinarily protect slot machines and other depositories of cash, and his shrewd practical reasoning in the many difficulties of his career demonstrate beyond question the accuracy, quickness, and subtlety of his practical thinking. His memory is unusually sound; his cleverness at manipulating bits of information so as to appear learned is exceptional. He is not a man to be taken in by the scheming of others, though he himself takes in many. One can truthfully say about him that he is *bright as a dollar, smart as a whip,* that *his mind is like a steel trap,* etc.

His ability to plan and execute schemes to provide money for himself, to escape legal consequences, and to give, when desirable, the impression that he is, in the ordinary sense, mentally deranged, could be matched by few, if any, people whom I have known. In such thinking he not only shows objective ingenuity but also remarkable knowledge of other people and their reactions (of *psychology* in the popular sense) at certain levels, or, perhaps one should say, in certain modes, of personality-reaction. He stands out for the swiftness and accuracy of his thinking at solving puzzles and at playing checkers. At any sort of contest based on a matching of wits he is unlikely to come off second best.

To consider his intelligence (or should one say wisdom?) from another viewpoint, from that of the ordinary man's idea of what is good sense about working out a successful plan of life on a long-term basis, only the story of his career can speak adequately. Be it noted that the result of his conduct not only brings trouble to others but almost as regularly to himself.

To take still another point of view and consider him on a basis of those values somewhat vaguely implied by "intellectuality," "culture," or, in everyday speech, by "depth of mind," we find an appalling deficiency. These concepts in which meaning or emotional significance are considered along with the mechanically rational, if applied to this man, measure him as very small, or very defective. He not only appears ignorant in such modes of function but stupid as well. He is unfamiliar with the primary facts or data of what might be called personal values and is altogether incapable of understanding such matters. It is impossible for him to take even a slight interest in the tragedy or joy or the striving of humanity as presented in serious literature or art. He is also indifferent to all these matters in life itself. Beauty and ugliness, except in a very superficial sense, goodness, evil, love, horror, and humor, have no actual meaning, no power to move him.

He is, furthermore, lacking in the ability to see that others are moved. It is as though he were colorblind, despite his sharp intelligence, to this aspect of human existence. It cannot be explained to him because there is nothing in his orbit of awareness that can bridge the gap with comparison. He can repeat the words and say glibly that he understands, and there is no way for him to realize that he does not understand.

I believe that this man has sufficient intelligence, in the ordinary sense, to acquire what often passes for learning in such fields as literature and philosophy. If he had more stability and persistence he could easily earn a Ph.D. or an M.D. degree from the average university in this country. If he had this stability and became a doctor of philosophy in literature, the plays of Shakespeare, the novels of Thomas Mann or of Thomas Hardy, would still have no power to move him. He could remember facts and he could learn to manipulate facts and even to devise rationalizations in such a field with skill comparable to that with which he now out-thinks an opponent at checkers. If, for the sake of theory and speculation, such changes were granted to him, my contention that he would still be without this sort of understanding is, of course, impossible to prove. It is maintained, however, that this would be clear to all observers who have real interest in such aspects of life, however diverse might be their own formulated opinions on what is good, bad, true, or beautiful about art or about living.

But let us abandon speculation and return to the patient's conduct. He talked at length of his ability as a fencer, maintaining that he was the best swordsman, or one of the best, at Heidelberg during his student days, and also well known and feared in Vienna. He spoke of the championship he had won at boxing while in the army, boasting often of a belt which he still possessed symbolizing this achievement. On hearing that I had had a slight experience in amateur boxing, he offered to demonstrate his skill and to give some points. Ostentatiously he insisted that I stand up and, pulling his punches, went through a number of sequences. He did this several times, always choosing a place on the ward where he could be observed by a large group of patients and attendants. He gave every indication of being a practiced boxer. This is borne out also by army records which indicate that he won some small prize as champion of his battalion or regiment.

Even before his presentation at the staff he again became dissatisfied, making complaints against the nurses and attendants, demanding special foods and privileges, bullying other patients, and inciting them to make trouble. At staff meeting the diagnosis of psychopathic personality was reaffirmed.

On failing to get his discharge at once he became even more fretful and unruly and threatened to break out of the hospital. It became difficult to care for him on the ward for well-adjusted patients in which he had been placed, so he was transferred to the closely supervised ward, where he found himself surounded by actively disturbed and egregiously psychotic companions.

He complained at once of this to his wife, who came to the hospital authorities in tears and with angry protestations, saying that it was an outrage to put her husband with all those *crazy* men who were violent and combative and who might hurt him. Earlier on the ward she had made the same protest to an attendant, who saltily remarked on the inconsistency of such worries about a husband so well-known for his boasts of might and ferocity and pugilistic skill. She made the matter so sharp an issue that Max, after promising to cooperate, was moved to a quieter ward.

He was now, for a short while, more agreeably disposed. Boastfully he told me that he was, in addition to all his other parts, an artist of remarkable ability. He asked to be given a loaf of bread, stating that he would mold from it creations of great beauty and worth. On getting the bread he broke off a large chunk, placed it in his mouth and began to chew it assiduously, apparently relishing the confusion of his observers. After proceeding for a length of time and with thoroughness that once would have met with favor from advocates of Fletcherism, he at last disgorged the mess from his mouth and with considerable dexterity set about modeling it into the figure of a cross. Soon a human form was added in the customary representation. Rosettes, intertwining leaves, garlands, and an elaborate pedestal followed. The mixture of saliva and chewed bread rapidly hardened.

He now requested a pass to go into town, saying that he must obtain shellac and appropriate paints to complete his creation. He made it plain that he was molding this statuette for me and it was clear that he regarded it as a most flattering favor. Since it was judged unwise to send him out alone he was allowed to go in company of an attendant. He returned with his materials but also with the strong odor of whiskey on his breath.

The whiskey had been obtained in this manner: Pleading a call of nature which, judging by his frantic tone and impressive grimaces, the attendant deemed urgent, he hurriedly sequestered himself in a toilet. After waiting for what seemed like a most liberal interval the attendant went to inquire into the delay. On receiving no response he forced the door only to find that Max had made his escape through a small window near the top of the room, a feat which would have been extremely difficult for an ordinary man.

Guided by a happy instinct, the attendant hurried to a nearby dive where bootleg whiskey was sold and surprised our hero in the midst of his second or third potation. He was drinking to his own cleverness at outwitting the attendant and in loud, imperious tones commanded all present to drink with him and at his expense.

The attendant found him insolent and intractable at first but, with strong moral support from the proprietor and others, led him out, after settling charges for drinks to all, which Max had grandly assumed without a cent in his pockets.

For the rest of the day he was surly and idle except for his efforts to promote quarrels, but on the morrow, extolling again his virtuosity as a sculptor, he settled down and finished his gift to me. It was indeed an uncommon production. The chewed bread had become as hard as baked clay. The whole piece was very skillfully and ingeniously shaped, dry, firm, and as neatly finished as if done by a machine. It was, furthermore, one of the most extravagant, florid, and unprepossessing articles that has ever met my glance. Max presented it with mixed pride and condescension, with an air of triumph and expectancy that seemed to demand expressions of wonder and gratitude beyond reach of the ordinary man. I did my best but felt none too satisfied with my efforts.

Max now asked for daily bread and for a room to be set apart as an atelier where he proposed to work regularly and without distracting influences. In the hope that this activity would keep him out of trouble, all his requests were granted. He immediately demanded full parole also but agreed to wait a short while for this when it was denied.

For a week he worked steadily, his mouth crammed with the doughy mass, his jaws chewing deliberately, his hands nimbly shaping spewed-out hunks of the mess into various neatly finished and exact, but always garish, forms. His coloring of the flowers and garlands and imitation jewels, vivid red, pale purple, sickly pink, always struck a high level of the tawdry blended with the pretentious. The most gaudy atrocities of the dime store must give ground before such art.

He sent messages to the medical director of the hospital, to the supervisor of attendants and the chief nurse, and to many others whom he felt it well to ingratiate, that *objets d'art* awaited them in his studio. He was visited by these people and by various prominent ladies of the city interested in welfare work and active in helping disabled veterans. To most of these he made presentations as well as moving speeches about his misfortunes, his gifts, and his ambitions. His demands for parole now became more vehement. Many influential citizens begged that he be given this chance to rehabilitate himself. As a matter of fact, he had been reasonably cooperative while at his new work. Parole was granted.

The police brought him back after a few hours. His left hand showed a painful laceration, the result of a severe bite inflicted in retreat by a barroom opponent who had resorted to this vaguely Parthian maneuver after finding Max's pugilistic skill too great to cope with in the ordinary manner. He showed some evidence of drink but was by no means sodden. Nor did he in any way give the impression of a man sufficiently influenced by liquor to have his judgment appreciably altered or any violent and extraordinary impulses released. In contrast with some of the other patients discussed here, Max, though a ready drinker, never or very rarely drank to the point of confusion. There is no record in all the saga of his being brought in senseless from the highways or fields. At the worst he could scarcely be classed as more than a moderate drinker.

He made no excuses for violating his parole but blamed others in full for the trouble he had started and felt grossly misused by the man he had attacked, by the police, and by the hospital which revoked his parole.

His wife at once pled for restoration of his parole, and a number of other influences supported her. Max reiterated the familiar argument: why deny liberty to a man classed as sane? Parole was restored after a week. Surprisingly, Max got through two days without difficulty but on the third burst into the office of the supervisor of attendants and vehemently demanded that a former attendant, dismissed for incompetence, be reinstated at once. He had brought this man with him into the office. Inspired by a couple of highballs, but by no means drunk, he thundered and swaggered, threatening to use political influences to have the supervisor discharged if all his demands were not met forthwith. He named various political powers which he boasted that he could command. These influences, he very truly pointed out, had lent themselves to his efforts to get out of jail and out of hospitals in the past. He insisted, furthermore, that certain other attendants whom he disliked be discharged. Storming and cursing and threatening, he was removed to a closed ward.

Somewhat disgruntled, he ceased his modeling in postprandial bread and sulked, irritable and aggressive, among his psychotic companions. Soon, however, he became more agreeable and after a few days came swaggering into my office to display a new product of his ingenuity. Borrowing a dollar bill and a pair of scissors, he cut out five rectangles of plain paper identical in size and shape with the bill and poised himself with a faintly prestidigitatorial air.

"Watch this," he boasted.

As he cut up his models of the bank note and manipulated the pieces, he called for paste to be brought. Then, after a shrewd and tricky rearrangement, he pasted together his fragments.

"Count them," he ordered in the grand manner.

Not five but six paper models lay on the table, all plainly patched, but all defying the ordinary eye to detect any appreciable loss of substance.

Within a week his wife, after haunting the hospital and begging for his parole, insisting that she needed him at home, that she was in want, etc., succeeded in taking him out in her custody. Late that night local policemen brought him back. After giving his wife what might be called an average beating, he had caused considerable uproar at the bawdy house and fled to another dive where, after trying to get loans from a few idlers, he boasted and quarreled until the police intervened.

He remained then on a closed ward for about a week when, legal charges against him having been dropped, he demanded release against medical advice. Since he was sane and competent in the eyes of law and science, he was discharged.

Two months later local newspapers carried small headlines calling attention to his being taken by federal agents after a protracted investigation in Texas. For weeks patched-up five, ten, and twenty dollar bills circulated in several Texas cities, and Max, decked in flashy finery, drove about in his own car and splurged lavishly on food, drink, and women. The surprising volume of mutilated notes at last caused comment and finally suspicion. After skillful and persistent efforts, the federal agents finally worked out the puzzle and brought it to Max's feet.

My colleagues and I felt that perhaps our acquaintance with Max had ended. Federal justice is widely regarded as less relenting and less distractible than municipal and state justice. For most lawbreakers this is, indeed, true. Max's old play, however, had not lost its charm. Some months later he was in a psychiatric hospital and shortly afterward at large.

His career continued. The records show that once, while under a five-year sentence to a state penitentiary, he stressed his former syphilitic infection and boasted so vehemently in his old style that a physician who saw him in prison made a diagnosis of dementia paralytica. No neurologic or serologic findings supported this opinion, which was offered by a general practitioner after one interview. This was enough to start the familiar cycle of prison-to-hospital-to-freedom.

Once again, when anxious for shelter, he boasted that he could communicate with ancestors who had died thousands of years ago. His wife joined in and claimed that he had seen monkeys and baboons chasing him. At a general hospital a tentative diagnosis of schizophenia was offered. Back at another psychiatric hospital he showed no evidence of an orthodox psychosis and after a short time got his discharge.

Again when pressed by a court verdict, he claimed amnesia for a period of two years, during which he had been active at defrauding. A suspicion of hysteria was expressed by some physicians. At the psychiatric hospital he stuck for a while to this story of amnesia but, his vanity being aroused, he recalled in detail all his experiences. It was plain from his manner that he had not suffered from any true amnesia, and he no longer took pains to make any one believe that he had.

A few years later, he was brought to the hospital. This time his wife insisted that his beatings were too much to bear and stated that he had threatened to kill her with an axe, explaining that he could do so with impunity since he was a mentally disabled veteran and that, as she well knew, he had always succeeded in escaping the consequences of any crime. She soon recovered from her fears and asked for his parole. At the insistence of both man and wife, he was discharged after a few weeks.

Be it noted that despite his vigorous threats such as the one just mentioned, Max seldom, if ever tried to do anyone serious physical injury. This fact has especial weight in view of his boasted and pretty satisfactorily demonstrated immunity from penal consequences. Max is not by inclination and has never been a violent or murderous person but in his conflicts with the law has appeared usually in the role of petty bully, sharper, thief, and braggart.

Some months later I, with other psychiatrists, testified at court when efforts were being made to have Max committed by law as "insane." Several citizens whom he had defrauded and seriously troubled in other ways, finding that he was not vulnerable to fines or sentences in the municipal courts, hoped to obtain relief and protection by getting him into a psychiatric hospital.

The psychiatrists could not avoid admitting that he did not show evidence of anything that is officially classed as a psychosis. I had to agree. In trying to explain briefly and comprehensibly that I believed this man, while not suffering from a psychosis that could be named, or any of the technical symptoms of one, was entirely unsuited to be at large, the sense of futility was oppressive. Max, neat and well-groomed, insouciant, witty, alert and splendidly rational, rose, beaming, to hear again the verdict of freedom.

Chapter 6

ROBERTA

THIS young woman, sitting now for the first time in my office, gave an impression that vaguely suggested—immaturity? The word is not entirely accurate for the impression. Immaturity might imply the guarded, withdrawn attitude often shown by children in the doctor's office. It was another, in fact, almost an opposite feeling that she gave. Something less than the average of self-consciousness, a sort of easy security that does not arise from effort or from pretense—some qualities of this nature seemed to enter into the impression.

Roberta was just twenty years old, well-developed, a little overweight perhaps but not greatly overweight. It was, as one noticed more closely, a slight carelessness about dress, a laxness of posture more than any real obesity, that suggested an overnourished body. She was not pretty but her looks were pleasant. Unlike most girls of twenty she did not seem, with or without awareness, to be deliberately counting her feminine attractions into the equation that probably occurs in every personal contact between man and woman. This, perhaps, was what gave that first vague and complicated impression of an adult who, in some rather pleasant way, is still childlike.

It was a little surprising to hear her admit that she had resented being brought for the interview because she felt her mother and father were overdoing things to try to find something "wrong with her mind." There was nothing sullen about her and she soon expressed satisfaction at having come and a willingness to stay in the hospital as long as it might be deemed advisable.

She admitted without reluctance that she needed help of some sort and that she had "made a mess" of her life. She expressed interest in plans for a different future. In speaking of her need for psychiatric treatment, something suggested that her conviction of need was more like what a man feels who looks in the mirror and decides he needs a haircut than the earnest and sometimes desperate need many people feel in their problems. The man who finds he needs the haircut is sincere in his conviction, despite the fact that about such a trivial matter convictions are also, and necessarily, trivial.

In this interview and during subsequent weeks Roberta discussed in detail and at length hundreds of incidents in her life. Her history had been obtained from her parents, who accompanied her, and additional material was available in letters from her former girl scout leader, her Sunday School teacher, and others.

"I can't understand the girl, no matter how hard I try," said the father, shaking his head in genuine perplexity. "It's not that she seems bad or exactly that she means to do wrong. She can lie with the straightest face, and after she's found in the most outlandish lies she still seems perfectly easy in her own mind."

He had related, in a rambling but impressive account, how Roberta at the age of ten stole her aunt's silver hairbrush, how she repeatedly made off with small articles from the dime store, the drug store, and from her own home.

"At first it seemed just the mischievous doings of a little girl," he said, "a sort of play—and her not realizing about its being serious. You know how children sometimes tell a lot of fanciful stories without thinking of it as lying."

Neither the father nor the mother seemed a severe parent. In the opinion of their pastor and others who knew them well, they had no unusual attitudes toward their children. Roberta's brother and two sisters were all well-behaved members of the community. The family was financially comfortable but not wealthy. There had been no black sheep in the group for the several generations during which they lived in a western North Carolina town with a population of 10,000.

"We didn't want to be too hard on Roberta when we first noticed these things," the mother continued. "I've heard that too much punishment sometimes confuses a child and makes matters worse. We talked it over with Mr. ——— (the pastor); with the superintendent of the school, and with all her teachers." There was nothing to suggest that this girl had been spoiled. The parents had, so far as could be determined, consistently let her find that lying and stealing and truancy brought censure and punishment.

"She never seemed sly or crafty," the mother said, a little puzzled about how to express the impression, "not like the sort of person you think of as stealing and being irresponsible. Roberta didn't seem wild and headstrong." Yet she often used remarkable ingenuity to conceal her misdeeds and to continue them.

As she grew into her teens this girl began to buy dresses, cosmetics, candy, perfume, and other articles, charging them to her father. He had no warning that these bills would come. Roberta acted without saying a word to him, and no matter what he said or did she went on in the same way. For many of these things she had little or no use; some of them she distributed among her acquaintances. In serious conferences it was explained that the family budget had been badly unbalanced by these bills. As a matter of fact, the father, previously in comfortable circumstances, had at one time been forced to the verge of bankruptcy.

In school Roberta's work was mediocre. She studied little and her truancy was spectacular and persistent. No one regarded her as dull and she seemed to learn easily when she made any effort at all. (Her I.Q. was found to be 135.) She often expressed ambitions and talked of plans for the future. These included the study of medicine, dress designing, becoming an author, and teaching home economics in a nearby college. For short periods she sometimes applied herself and made excellent grades, but would inevitably return to truancy, spendng the school hours in cheap movie houses, in the drug store, or wandering through shops stealing a few things for which she seemed to have neither need nor specific desire. She did not seem to be activated by any "compulsive" desire emerging against a struggle to resist. On the contrary, she proceeded calmly and casually in these acts. She experienced no great thrill or consummation in a theft nor found in it relief from uncomfortable stress.

Twice in her early teens she alarmed her family by staying out all night, once after a Sunday School picnic, once after a small dancing party. With what seemed like disarming candor she had told the girls at whose homes she stayed that her family knew all about her plans.

Such conduct of course suggests that she might be deliberately trying to hurt her parents. If so, Roberta herself was quite unaware of such a motive. As with her thievery, her truancy, and her running up of bills, one does not find a conscious drive of real significance. Roberta insists that she loves her parents. "They've made some mistakes with me," she says, "but I've made a lot myself. I appreciate all they've done for me. Of course, I've learned my lesson now."

One of this girl's most appealing qualities is, perhaps, her friendly impulse to help others. In the hospital she showed tact and kindness in doing small favors for seriously troubled patients. This did not seem pretentious or in any way staged. At home she had for years shown similar traits. She often went to sit with an ill neighbor, watched the baby of her mother's friend, and rather patiently helped her younger sister with her studies. In none of these things was she consistent. She often promised her services and, with no explanation, failed to appear. An easy kindness seemed also to mark her attitude toward small animals. She would stop to pet a puppy, take crumbs out to the birds, and comfort a stray cat. Yet when her own dog was killed by an automobile she showed only the most fleeting and superficial signs of concern.

"She has such sweet feelings," Roberta's mother says, "but they don't amount to much. She's not hard or heartless, but she's all on the surface. I really believe she means to stop doing all those terrible things, but she doesn't mean it enough to matter."

"Lots of times we thought she'd got on the right track," the father said, referring to Roberta's brief period of interest in church work. When seventeen she had voluntarily assisted the Director of Religious Education for a couple of months and talked about making a career of such work. She had seemed sincere and her informal talks to small groups of younger children in Sunday School made a most favorable impression. Even while engaged in these activities she was occasionally stealing and running up big bills which, by many subtleties, she concealed for a long time from her father.

"I wouldn't exactly say she's like a hypocrite," the father added. "When she's caught and confronted with her lies and other misbehavior she doesn't seem to appreciate the inconsistency of her position. Her conscience seems still untouched. Even when she says how badly she's acted and promises to do better her feelings just must not be what you take them for."

Having failed in many classes and her truancy becoming intolerable to the school, Roberta, after several more petty thefts from classmates and teachers, was expelled from the local high school. Her family sent her to a boarding school of her choice, from which she wrote enthusiastic letters. Despite this expressed satisfaction, she ran away from school and could not be located for several days.

After her return home it was found that she had cashed bad checks at school to obtain money with which she kept herself at a hotel in a town near the school and not far from her home. She knew several boys and girls there and had spent some time with them going to the movies and having dates. She had told a convincing story to the effect that her father was in town on business and that she had accompanied him. This explanation she made so blandly and with such casual laying in of detail that none of her friends or their parents suspected her of having run away. She borrowed sums of money from several people during this episode, telling them about all sorts of entirely unreal situations which made it necessary for her to have funds at once.

She seemed entirely unworried, never by word or gesture giving indication that she might have something to hide or to be seriously worried about. No adequate motive for her leaving school could be brought out. Sometimes she spoke of dislike for a teacher, again of some girl's having seemed snobbish, or, forgetting the other complaints, explained it all on the basis of having been so homesick. Such expressions she would later contradict thoughtlessly by praise of the school and statements to the effect that she had greatly enjoyed herself there.

Since she first began to go out to parties Roberta had given her parents many sleepless nights. With the clear and accepted understanding that she must, like her friends, return home by 10:30 or 11 P.M., she often did not turn up until 1 or 2 A.M., and once or twice not until far later. Sometimes she would while away these post-midnight hours playing pinball and slot machines with several boys in small resorts about the edge of town. Once she rode on a motorcycle with a young man to another town fifty miles away and returned just before dawn. Disturbed by the usual talk about sexual irregularities in young people, her parents had serious discussions with their daughter. Privileges were taken from her, and, sometimes for a month or more after an especially gross act of disobedience, she was not allowed to go out with her crowd.

Having long feared that Roberta would in such circumstances lose her virginity, the parents, after her episode of staying several days away from school at the hotel, prepared themselves for the worst. She, of course, denied any sexual relations, but she also regularly denied stealing, truancy, surreptitiously charging things to her father, and all her other faulty conduct. When she missed a menstrual period shortly after running away from school her parents were so perturbed that a medical examination was made. Not only was there no evidence of pregnancy but a definitely intact hymen was obvious.

Roberta was sent to two other boarding schools from which she had to be expelled. She entered a hospital for training to be a registered nurse but did not last a month. Employed in her father's business as a bookkeeper, she used her skill at figures and a good deal of ingenuity to make off with considerable sums.

Though she had a number of boy friends and spoke of having often been in love, Roberta was not the typical flirt. Apparently she had only mild experiences in kissing and necking, these activities seeming vaguely pleasant but not arousing any vivid passion. The war having been for some time in progress, Roberta met scores of young soldiers from a nearby camp. With many of them she kept up a lively correspondence after they were sent overseas or to other posts. She spoke of her satisfaction in sending letters to these men who were serving their country and expressed herself from time to time as being in love with one or another of them. One of those with whom she corresponded most regularly was killed in an accident on the West Coast and another during combat in Italy. She seemed little affected by these incidents, though her expressions of regret were verbally appropriate. Apparently she was unaware that under such circumstances another girl might have felt more.

In telling of her initial sexual experience, which had occurred about a year before I first saw her, she seemed frank and by no means embarrassed.

After her discharge from the WAC, which she had entered with apparent enthusiasm and wonderfully expressed intentions, she remained at home and, for a few months, despite relatively small irregularities, appeared at last to be making a better adjustment. She often seemed mildly bored but never pathologically restless or distinctly unhappy. She wrote many sentimental letters to a couple of dozen soldiers, read *True Story* magazine, *Little Women, The Story of Philosophy,* and comic books, and attended movies and parties at the Red Cross.

With no explanation to her parents she suddenly disappeared. To me she explained that she had left with the intention of visiting a boy friend stationed at a camp in another state. She admitted that she had in mind the possibility of marrying this man but that no definite decision had been made by her, much less by him. She had, it seems, given the matter little serious thought, and from her attitude one would judge she was moved by little more than what might make a person stroll off into the yard to see if the magnolia tree had bloomed. She left with a little over $4.00 in her purse. Getting off the bus in a town three hours ride from home, she tried to reach the boy friend by telephone and ask him to telegraph funds to her. She could not at the time reach him. She had realized her family might trace her if she continued by bus to the city for which she had bought a ticket. This was the chief factor in her getting off where she did.

Balked in her efforts to reach the soldier, she remembered another boy, now overseas, who lived in this town where she found herself almost without funds. She decided to go to his family and spend the night with them. With the most artless manner and with no sign of uneasiness or tension, she explained to these people that she was hurrying to the bedside of an aunt, that her father had been away on business when she left, that there had been a mistake in her understanding of the bus schedule. She found, she said, that she would have to take the morning train from here to reach the bedside of her aunt. There was much pleasant conversation and these people insisted on her staying for the night. While alone she attempted to place another long distance call to the soldier. She still had in mind ideas about marrying him but had come no closer to a decision. The call not being completed, she began to fear the operator might ring back. She also was not quite sure her hostess had not overheard her at the telephone. After thinking of this and realizing that her family might trace her in such a nearby place, she slipped off after pretending to go to bed early, leaving no message for these people who had taken her in.

Catching a bus bound in another direction, she rode for a few hours and got off at a strange town where she knew no one. Not having concluded plans for her next step, she sat for a while in a hotel lobby. Soon she was approached by a middle-aged man. He was far from prepossessing, smelt of cheap liquor, and his manners were distinctly distasteful. He soon offered to pay for her overnight accommodations at the hotel. She realized that he meant to share the bed with her but made no objection. As well as one can tell by discussing this experience with Roberta, she was neither excited, frightened, repulsed, nor attracted by a prospect that most carefully brought up virgins would certainly have regarded with anything but indifference.

The man, during their several hours together, handled her in a rough, preremptory fashion, took no trouble to conceal his contempt for her and her role, and made no pretense of friendliness, much less affection. She experienced moderate pain but no sexual response under his ministrations. After giving her $5.00 with unnecessarily contemptuous accentuations of its significance, he left her in the room about midnight.

Next morning she reached her soldier friend by telephone and suggested that he send her sufficient funds to join him. She had not discarded the idea of marrying him, nor had she progressed any further toward a final decision to do so. He discouraged her vigorously against coming, refused to send money, and urged her to return home. She was not, it seems, greatly upset by this turn of events, and, with little serious consideration of the matter, decided to go to Charlotte, which was approximately 150 miles distant. She seemed frank in admitting that she had no distinct purpose in mind, was prompted by no overmastering thrill of adventure or fear that her parents might consider her "ruined" or disgraced. She was, in fact, not conscious of any strong reason for not going home or for having left in the first place.

Reaching Charlotte, she had little trouble finding small jobs in restaurants and stores. She supported herself for several days by working but found her funds barely provided for room and food. She thereupon began to spend the nights with various tipsy soldiers, travelling salesmen, and other men who showed inclination to pick her up. With all these she had sexual intercourse. From this she eventually began to experience a moderate, half-warmed pleasure, but nothing like intense passion. Despite extensive promiscuity since that time she has never experienced a sharp and distinguishable orgasm or found sexual relations in any way a major pleasure or temptation. Nor has she felt any of the frustration and unrelieved tension so familiar in some women who are aroused but left unsatisfied. Her family, meanwhile, not knowing whether she was dead or alive, was making every effort, through the police and otherwise, to find her. These efforts met with success after about three weeks.

On meeting her parents she expressed affection, running to them and throwing herself in their arms. At their prompting she found it easy to make use of the formalities indicative of penitence, but seemed remarkably free from actual humiliation or distress. Neither the recent anxiety of her mother and father nor her own social jeopardy overwhelmed or even greatly daunted her. She seemed little vulnerable to the inevitable gossip that, on her return, beat like a tempest about town. As if armored by a sort of innocence, she went her way freely, affable, unembarrassed, the picture of an artless girl fond of others and expecting kindliness from all.

In this episode, as in most of her other behavior, it is not easy to see what such a girl as this is driving at. If she had, through hallucinations, heard God's voice telling her to leave home, or if she believed with the conviction of delusion she had been invited by a princely suitor to spend the night in love, her conduct would be easier to understand and would, in a very important sense, be more rational and appropriate. It would also be easier to understand if she had been driven by sexual craving to sacrifice social approval for an enticing hedonistic goal.

During her hospitalization she spoke convincingly of the benefit she was obtaining and discussed her mistakes with every appearance of insight. She spoke like a person who had been lost and bewildered but now had found her way. She did not seem to be making any voluntary effort to deceive her physicians.

Soon after she returned home reports came, all indicating that she was continuing in her old patterns of behavior. A secretarial position was obtained for her in Spartanburg, S. C., with a large corporation. She was quick and effective in her work and was liked by all for her simple, friendly ways. Soon her landlady began to worry about her moral status as evidence accumulated that she let various men who were casual acquaintances come up to her room. She showed a good deal of skill in avoiding detection and her manner made it hard for such suspicions to be taken seriously. She was so calm, so free of anything that would suggest a passionate nature, so polite, and so proper, that irregularities of this sort were all but inconceivable to those she met. At last it was evident that this apparently candid and well-brought-up girl was turning the place into the modest approximation of a brothel. Before the kindly landlady could steel herself to have a showdown, Roberta disappeared owing a month's rent.

She had, with her convincing manner, succeeded in drawing a sum of money from a loan fund the employees of the company had built up for their convenience. Having obtained this, Roberta did not show up at work and was not heard from for a couple of weeks. Shortly thereafter she returned home. She told little of the real story to her parents but convinced them she had left her job under honorable circumstances. This was believed until the facts at last caught up with her.

Other positions were obtained for her in various towns and at home. Each time her failures were similar and always without adequate motive or extraneous cause. She returned for psychiatric treatment on several occasions, always saying she had been helped and expressing simple but complete confidence that it was impossible for her to have further trouble.

Despite her prompt failures she would, in her letters to us at the hospital, write as if she had been miraculously cured:

> "You and Doctor ——— have given me a new outlook and a new life. This time we have got to the very root of my trouble and I see the whole story in a different light. I don't mean to use such words lightly and, of all things, I want to avoid even the appearance of flattery, but I must tell you how grateful I am, how deeply I admire the wonderful work you are doing. . . . If, in your whole life you had never succeeded with one other patient, what you have done for me should make your practice worthwhile. . . . I wish I could tell you how different I feel. How different I am! But, as I so well realize now, it isn't saying things that count but what one actually *does*. I am confident that my life from now on will express better than anything I can say what you have done for me—and my admiration. . . . It is good to feel that as time passes, you can be proud of me and as sure of me as I am sure of myself . . . whether I go on to college or follow up my old impulse and become a nurse; if I become a business girl or settle for being just a normal, happy wife, my life will be fulfilling and useful. . . . If it had not been for you, I shudder to thing what I might have become," etc.

Her letters, which she continued to send from time to time, were filled with similar statements. Occasionally she mentioned difficulties but never a serious discouragement. She continued in behavior such as that mentioned above and the actuality of her conduct and of her situation seemed not to weigh in her estimate of her present or future.

Though she realized I had been informed of recent episodes quite as bad as those in the past, on several occasions she wrote requesting letters of recommendation for various positions she had applied for or was considering. More than once blank forms appeared in my mail with notices that Roberta had given my name as a reference. It was interesting and not without an element of sad irony to note that these forms made specific queries about "good character," "high moral standards," "reliability," "would you employ the applicant yourself, realizing the position is one of considerable responsibility," etc. Roberta seemed sweetly free of any doubt that such recommendations would be given without qualification and in the highest terms of assurance.

With this young lady, as with many other similar patients, the psychiatrist is confronted with the family's serious questions: What are we to do now? What would you do if you were in our place? These are questions for which I have found no satisfactory answer. Such a girl causes more harm to herself and to others than the average patient with schizophrenia and a more tragic sorrow to those who love her. It can scarcely be said that she is safer outside an institution than the average patient who hears imaginary voices or that she can more satisfactorily be cared for at home.

When a physician is asked such questions week after week by honest people who for years have struggled futilely with such problems, he becomes at length rather firm in the conviction that any agency capable of taking an initial step to change this situation should be aroused from its scrupulous inattention.

Chapter 7

ARNOLD

THIS patient had recently left the hospital (A.W.O.L.) while out on a pass. The following letters arrived from him after a few days:

Baltimore,
April 4th, 19—, Saturday,
2 P.M.

Dear Friend:

Physically I am a very sick man. Have had fever since last Friday. Cold all the time. Very dirty. No bath since I left. Clothes wet all the time. Four meals since I left. Chest hurts severely. *Can't give up.* Have tried to contact my people by phone and telegram several times but am ostracised. —Hurts —Really hurts. —but they do not understand—Have never understood. No use for details regarding what is past. Will you give me just one chance please. You must. If you receive this by Monday noon will you wire me some funds at the Western Union. Use my father's first name, Stephen, for reference. If I were not sick I would not ask this. Can't beg, can't steal; so am in the devil of a shape.

Please do not try to have me detained. If you would have sent Jack [a parole patient] to the hotel last Sunday I would not have tried what I have undertaken, as I have too much respect for you and a few others to break my word.

Have I registered? Will your response be O.K.? A chance! One chance!

As ever your friend,
Arnold.

New York
April 10th, 19—, Friday A.M.

Dear Friend:

Man's limitations are many. I must say that it is hard, very hard, for me not to give up, but I am still trying to carry on. Frankly I was afraid and still am. It has rained ever since I left the Hospital and I believe every drop touched Arnold. Have enjoyed a fever since Tuesday morning. I will not give up. If you could see me at present you would wonder how it was possible for this condition to become mine. I am the worst looking tramp on the road.

> My regret about my departure concerns you, Miss Green [nurse] and Mr. Drayton [a physically ill patient]. Doctor, you and McDaniel [a physician on the hospital staff] must make him a well man.
>
> Respects to all my boys [fellow patients] and to any of Ward A men [elopers] who want to leave, tell them to be sure and think.
>
> Would you stake me to a start of a few dollars? If so, write me at Hollywood Cafe, New York City. Place money order in envelope. Whatever amount is O. K. I don't think you want to be bothered with me any more so I won't suspect a trap.
>
> Closing with my utmost respects to one of the finest characters I ever met:
>
> I am, the young brigand from the South,
>
> ARNOLD.

These letters were addressed to a physician at the hospital who had taken a special interest in the patient's case, trying over a period of many months to help him achieve some sort of adjustment.

For a while a measure of faint hope was entertained that he might be able to get along with freedom to walk about the grounds. He had been in and out of the hospital for seven years, spending most of his time on a closed ward with delusional and dilapidated schizophrenes. Struck by the man's friendliness and his frankness to admit himself in the wrong, his physician, despite the usual rules of dealing with such behavior, made an exception of his case, restoring his ground parole time after time when it was lost by failure to adjust. The experiment had been more or less innocent since the patient did little harm to himself or others beyond cashing a few bad checks for small amounts, cheating unsuccessfully in dice games, stealing a bicycle for which he had no use, behaving uproariously after a few drinks and getting into jail, whence he was brought back each time safe and apparently repentant. An effort was made to see if this rational and intelligent man, even though he failed seven times, seventy times, and seven times seventy times, might at last achieve a positive reaction to indefatigable forgiveness and succeed in finding some way to exist without supervision as incessant as that required by a traditional *madman*. Little or no hope was held that he might leave the hospital and live as a normal man; but something would have been gained if, still sheltered in a psychiatric hospital, he could enjoy the freedom of the grounds and an occasional pass into town.

Be it noted that during seven years of psychiatric study and observation he had never shown any sign technically regarded as indicating a psychosis. That is to say, he was always entirely rational in conversation, alert, above average in intelligence by psychometric tests, free from delusions and hallucinations, and had not shown the slightest evidence of "deterioration." Nor had he ever shown retardation, a true depression of the cyclothymic type, increased psychomotor activity, flight of ideas, or any other condition which it is permissible to class as psychosis. He had been free also from any symptom characteristic of a psychoneurosis.

During his long and frequent periods within closed wards he was superficially agreeable to his physicians most of the time but extremely fretful about his confinement. He spoke eloquently of having learned his lesson and always pressed his request for parole or discharge with good logic. Once after making an especially convincing plea for freedom and with the possibility of parole within the next few days, he succeeded during the night in obtaining whiskey by lowering on a cord an empty Coca-Cola bottle which he had obtained and which some confederate filled for him. He at once proceeded to get rather high in the dead of night to the great astonishment of the attendants, who had regarded him as a "sane" man but who were now at a loss to understand his senseless guffaws, sudden maudlin outcries, and impulsive lurches about the ward. Not realizing that he could possibly have obtained liquor, they feared for a moment that he must have developed an ordinary psychosis. On being approached he cursed, sobbed feebly, and was brought back to bed, passing intestinal gas with frequent loud and unpleasant effects, grinning almost triumphantly at the nurse who had hurried to him at each detonation.

The next morning he admitted the drinking after being confronted with the Coca-Cola bottle to which the string was still attached. He was at first superficially penitent but soon could be seen to show pleasure at his cleverness, which he seemed to feel afforded just cause for a bit of gloating. He seemed to have no deep sense of regret and could not understand why the episode delayed his parole. He became, indeed, definitely vexed and talked incessantly for a day or two about his failure to get a square deal.

This patient, entirely sane by orthodox psychiatric standards, having spent the better part of seven years closely confined among other men who, to him as to any layman, were unmistakable *lunatics* and nowise agreeable company, was given another series of chances to win his freedom.

The opinion has often been expressed that the psychopath, who in some ways seems to behave like a badly spoiled child, might be helped if he could be put in a controlled situation and allowed to feel the unpleasant consequences of his mistakes or misdeeds regularly, as he commits them.

With this patient such a policy was pursued and the effort was protracted to remarkable lengths. Such a plan of treatment or reeducation perhaps may accomplish a good deal with some patients of this type. With Arnold it yielded no discernible fruits.

His parole was restored time after time. He expressed a clear understanding that he was obligated not to leave the hospital grounds. Each time, in accordance with his past behavior, he would promptly disappear. After a few hours, several days, or perhaps a week, the police would call to say they had him in custody. Back on his ward he seemed properly regretful and immediately expressed confidence in himself, explaining that the last misadventure had served as the lesson he needed. He was soon allowed to go out on the grounds again. Two or three small acts of defrauding, the temporary misappropriation of an automobile (which he would usually abandon after his whim for a ride had been fulfilled), or some other succession of deeds incompatible with parole status always brought him back under strict supervision. After a short time he was given still another trial.

He spoke fulsomely of the handsome treatment he was receiving, protested an earnest affection for his physician, and swore staunchly that he would justify this faith shown in him. Always he seemed entirely sure that his difficulties were a thing of the past. Unlike the patient whose behavior is distorted by compulsion in the ordinary sense, he showed no evidence of a struggle, no awareness of anything that gave him doubt about his future success in achieving what he planned.

This alert, intelligent man remained always free from confusion, from any indication of powerful impulses or yearnings, from all conscious influences that might account for his spectacular failure to gain freedom. He expressed eloquently very natural desires to live an unrestricted life outside his familiar wards where he was locked in with very psychotic men. He mentioned no force or conflict, in many long interviews, that might make it difficult for him to conduct himself in a way that would bring him release from hospitalization. He denied experiencing the slightest pleasure from alcoholic beverages. And, indeed, he always seemed miserable, melancholy, and quite unlike his usual buoyant self when he had partaken of drink.

He did sometimes, as a matter of fact, continue ten days or two weeks without mishap. At his own request he was detailed to help the attendants on the infirmary ward, which he did ably, faithfully, and apparently with interest. A merry, rather witty person, he freely admitted that he had made a fool of himself and a mess of his life, but always maintained that he would never again break his word, which he had given not to drink, not to stay out beyond the limits of a pass, and not to violate any other hospital regulations. He was usually friendly and courteous to his physician and to other personnel and went out of his way to be attentive to physically ill patients, apparently taking mild pleasure in any kindness he could do them.

He continued to request a pass to go downtown, but seldom insistently, often smiling or laughing with apparent relish as he admitted that his past performances did not justify the further confidence he begged. It was an academic point, apparently, this admitting of fault or guilt. It seemed more an expression of being polite and proper than anything indicative of comprehension about cause and effect. But he made these gestures attractively. His characteristic approach was tentative and with what looked like a dash of humor at his own expense.

One Sunday morning he was given a pass after he had made a special point that he wanted to attend church. Arnold did not return. Some of the hospital attendants on their way home that night found him several miles out in the country staggering about in the rain on a lonely road, his trousers hanging down about his heels, seriously impeding his progress and tripping him from time to time into the ditch where he rolled and thrashed, hallooing wildly or cursing in aimless violence. Soaking wet, covered with mud and vomitus, he was brought back to the hospital.

The next morning he faced his physician with a hangdog expression through which a merry glance soon darted. Smiling, he lightly damned himself for the worst sort of fellow imaginable and swore good-humoredly that he had learned his lesson. Within a week parole was restored and shortly thereafter he celebrated his freedom by somehow obtaining whiskey without leaving the grounds and hobbling into the recreation building, where a dance was in progress, a picture of agitated dejection. He stumbled about in purposeless lunges, eyes rolling, mouth open and drooling saliva, then collapsed sensationally on the floor before attendants could seize him.

These episodes are entirely typical of his last few months in the hospital. During this time a limited degree of freedom was restored to him within a few days after each episode and each time he failed as promptly and as spectacularly as in the incidents described above. Altogether he was arrested some dozen or more times during this short period, nearly always within a few hours after leaving the hospital grounds.

He had frequent superficially serious talks with his physician in which he expressed despair over his situation, remorse for his all but incredible record as a failure, and a quick, cheerful confidence in his future. What might be called a thin and bright surface of sincerity which is hard to indicate without paradox seemed to distinguish him from his fellows who are also described in this work. This quality, not in the simplest sense false, seemed not only consistent but almost complete. It was, however, too bodiless to hold any true resolution or remorse or to be useful to him in gaining worth-while insight. One got the impression that his sincerity, though not a literal fraud, was so thin as to be, for practical purposes, merely an academic abstraction. He was often in high spirits, communicative, boyish, and rather winning. Though fretting and complaining continually about his confinement and apparently unable to understand adequately why this was advisable, he seemed to find mild interest and trivial pleasure in small matters. He could give no explanation of why he committed acts that demanded his remaining in a psychiatric hospital. He always fell back on the plea that he would never do so again. When drinking he was often noisy, always unhappy and distraught, silly, and tearful.

His physician's enthusiasm to rehabilitate him by a siege of patience slowly waned as failures accumulated. Finally on Easter Sunday he engagingly made another plea for a bit of freedom. If he could only have a pass for a few hours, to go to church for Easter services! His request was granted. Marvelously, he returned on time, without indication of having sought disaster, and exultant at his success. On the strength of this performance he was allowed to remain out in the sunshine on the grounds during the afternoon. At nightfall he could not be found. The two letters at the beginning of his story tell the rest.

All this, however, is but the merest glimpse of the man. The account as related to this point is a word, and no more, in the man's history. Seven years ago, when admitted for the first time, he had already spent some ten or twelve years in and out of jails and mental hospitals, scarcely ever passing a week of his life without attention from the police.

Small swindles, giving, as collateral for a loan, property owned by another, bad checks, wrecking an automobile which he had bought on credit and for which he made no effort to pay, surreptitiously selling a half dozen of his uncle's cows and blowing the cash, in these and scores of other but similar activities he kept the local law enforcement agencies extended. He seemed always so frank and honest, so thoroughly without malice, that often those damaged by him withdrew their charges to give him another chance.

Sometimes by pleading grave illness or other disaster and emergency in the family, he would, in his father's name, borrow $50.00 or $100.00 which he squandered before the misrepresentation was detected. Once, feeling himself in need of funds to make a trip, he rented to a stranger rooms in the house of a neighbor, cleverly timing his transactions so he could show the accommodations, close the deal, and obtain payment in advance during a period when the lady owning the property was downtown shopping.

The money he obtained and promptly wasted was seldom if ever sought for any appreciable need or to satisfy impulses that seemed more than mild and transient caprice. The frequent trips he made were all but purposeless. Whether he went to a nearby town or a large, distant city, he sought no job or other opportunity, found no adventure in the ordinary meaning of the word.

He often hung about street corners, went to a movie, loitered in a park, spent hours in a pool room or cheap hotel lobby chatting about trivialities, and then, finding his environment tedious, he would return home. Meanwhile his parents, whom he never informed of plans for travel, suffered no little anxiety and grief wondering whether he was dead or alive and if they might see him again.

He did not write to his family while on these expeditions. If jailed for pawning a tire he had stolen from someone's car, pressed too unpleasantly for bills he had run up, faced with trial for fraud (after selling nonexistent commodities for which he successfully misrepresented himself as salesman), etc., he usually telephoned his parents and spoke convincingly of the ill fortune which had overtaken him and of his innocence of willful wrong doing. They regularly sped to his aid and, usually, with appreciable expense to themselves and with humiliation, succeeded in obtaining his release. Otherwise he simply turned up one fine day, nonchalent, gracious in his apologies, but apparently unaware of having caused any valid distress to those he always maintained he dearly and deeply loved.

On turning to drink he sought low company and often ended by wandering off. Sometimes days passed before he was discovered lying in forlorn swamps, wallowing drunkenly about remote cornfields. Not dozens of times but scores of times his friends and relatives had to search him out and bring him, inert or struggling farcically to no end, back home, where he was washed, reclothed, and nursed to sobriety. He had done no work at all since a brief gesture of helping his father in the store for a few months after he quit junior college in the town of his nativity at seventeen years of age. He had no real friends and seemed to want none, though he was superficially sociable and mingled easily with both sexes. He had frequently sought the favors of prostitutes but had never shown a lasting or a whole-hearted interest in any woman.

So he was presented to the hospital seven years previously: twenty-eight years old, a short, overnournished, quick-witted man, admitting many faults, acknowledging his human frailty, debonair but not pretentious, a close-cropped black moustache on his lip, a rather engaging, shy, swift light of merriment slipping at times into his glance. During the seven years that he was under observation no delusion was ever noted nor any other sign even remotely suggestive of a mental disease that is accepted as such. He has never even experienced temporary hallucinations while under the influence of alcohol. He has undergone no disintegration of personality (as this is ordinarily understood), none at least that is discernible on prolonged observation, by psychiatric examination, or by any other means available. He is today plainly the same man that we first knew and who, according to all accounts, has been a problem to his community for years.

After his first admission he was carefully examined; social service reports were secured, he was observed day after day. No evidence of any condition officially known as "psychosis" could be found. He was granted parole privileges, with results that need not be described again. Time after time he was sequestered on closed wards, naturally among patients whose psychoses showed typical manifestations, and among them he stood out in arresting incongruity. Restored to parole, he regularly showed himself incompetent and was returned to constant supervision. On the request of his relatives he was allowed to go home with them on trial-visit status, where, knowing that a failure to behave himself would mean returning to the confinement he naturally detested, he at once engaged in not one but several activities, each of which made his return to the restrictions of a hospital not only necessary but urgent.

Wearying of his life behind locked doors among classically demented men, on several occasions he demanded his discharge. On being brought before the medical staff he was found obviously "sane" and released. Soon, however, his relatives were back with him, bearing tales of such mad folly as few, if any, people deranged in other ways could produce. Readmitted to confinement inappropriate to his plain sanity by the accepted criteria of mental disease, he soon became restless and, pointing out his legal status, left against medical advice.

Worn out by incessant traffic with the police in his behalf, diverted from the customary uses of life by night-long searches for him in lonely hinterlands or in distant jails, his relatives finally succeeded in having him legally committeed to the custody of the hospital as an "insane" person. There is little doubt that the personal influences and well-known political mechanisms of a rustic Southern community had weight with the courts, not to speak of common sense unversed in technical psychiatry but painfully aware of irrational conduct so long flagrantly demonstrated.

After a month or more of confinement under these circumstances, the patient demanded an interview with the staff. With admirable logic he maintained that he suffered from no mental derangement whatsoever. He lucidly described the recognized signs of mental disorder, made light and clever jokes about the impropriety of applying such criteria to him, and pointed out the absurdity of identifying him with the usual patient kept in such a hospital. Admitting his maladjustment and his inveterate but minor deeds of depravity, he insisted that he be left to ordinary legal measures in any future misconduct, which he did not deny was possible. The staff, as conscientious psychiatrists, could not do otherwise than agree that he was "sane and competent" and release him.

Three weeks later he was brought back to the hospital at midnight by a brother and a cousin. He had a fractured clavicle (memoir of his frequent brawls with local police), was lachrymose, penitent, and all but homesick for his ward in the hospital. The physician on duty hesitated about readmitting him. His story was well known. His relatives thereupon threatened to telegraph high officers in the government. They were by no means assuaged at being told that the hospital was not maintained for the treatment of persons judged sane by the canons of psychiatry and considered responsible for their misconduct and misfortunes. After consultations with the physician in charge of the hospital Arnold was readmitted. Some weeks later he called in local lawyers who, invoking the writ of habeas corpus, arranged a lunacy trial by jury. Of course there could be but one verdict. The man was plainly "in his right mind." No acceptable evidence of mental disease (as officially defined) could be brought out. He was taken from the custody of the hospital.

A month afterward, chastened and eager for his familiar ward which, compared to the alternative of jail, aroused nostalgia, he willingly returned, accompanied by relatives who furnished a tale of woe too long for telling here.

This brings us to his last hospital admission, which preceded the incident with which we began Arnold's story.

Chapter 8

TOM

THIS young man, twenty-one years of age, does not look at all like a criminal type or a shifty delinquent. In fact, he stands out in remarkable contrast to the kind of patient suggested by such a term as *constitutional inferiority.* He does not fit satisfactorily into the sort of picture that emerges from early descriptions of people generally inadequate and often showing physical stigmata of "degeneracy" or ordinary defectiveness.[83, 180]

Tom looks and is in robust physical health. His manner and appearance are pleasing. In his face a prospective employer would be likely to see strong indications of character as well as high incentive and ability. He is well informed, alert, and entirely at ease, exhibiting a confidence in himself that the observer is likely to consider amply justified. This does not look like the sort of man who will fail or flounder about in the tasks of life but like someone incompatible with all such thoughts.

There is nothing to suggest that he is putting on a bold front or trying to adopt any attitude or manner that will be misleading. Though he knows the examiner has evidence of his almost incredible career, he gives such an impression that it seems for the moment likely he will be able to explain it all away. In his own attitude he has evidently brushed aside so satisfactorily such matters as those to be mentioned that others, also, caught up in the magic of his equanimity, almost share his invulnerable disregard.

Tom has so plainly escaped the ordinary and, one would think, the inevitable consequences of his experience, that, in a sort of contagion, his interviewer is also affected. The effect is to make it seem more plausible to accept the whole detailed reality of a life as dream or illusion than believe that this man could so regard it were it otherwise. With indisputable evidence that a human being has been run over and dismembered by a series of freight trains and the bodily remnants subsequently put through a sausage grinder, any investigator will have definite and vivid preconceptions of what he will behold. The evidence itself bleaches, suddenly and automatically, if one is confronted by the intact victim, whole, smiling, immaculate, unscarred, without a scratch. What happened to the anatomical unit in this allusion scarcely seems more drastic than what, as a social unit, the patient before me had experienced.

This poised young man's immediate problem was serious but not monumental. His family and legal authorities were in hope that if some psychiatric disorder could be discovered in him he might escape a jail sentence for stealing. Despite many years of disappointment the family still sought some remedy, some treatment or handling, that might bring about favorable changes in the patient's behavior. Those concerned with the legal aspects of the immediate problem had dealt with this man often in the past and saw in his conduct indications of something more than, and something different from, an ordinary or sane antisocial scheme of existence. His high intelligence made it difficult for them to account for what he did on that basis.

Evidence of his maladjustment became distinct in childhood. He appeared to be a reliable and manly fellow but could never be counted upon to keep at any task or to give a straight account of any situation. He was frequently truant from school. No advice or persuasion influenced him in his acts, despite his excellent response in all discussions. Though he was generously provided for, he stole some of his father's chickens from time to time, selling them at stores downtown. Pieces of table silver would be missed. These were sometimes recovered from those to whom he had sold them for a pittance or swapped them for odds and ends which seemed to hold no particular interest or value for him. He resented and seemed eager to avoid punishment, but no modification in his behavior resulted from it. He did not seem wild or particularly impulsive, a victim of high temper or uncontrollable drives. There was nothing to indicate he was subject to unusually strong temptations, lured by definite plans for high adventure and exciting revolt.

Often when truant from high school classes Tom wandered more or less aimlessly, sometimes shooting at a Negro's chickens, setting fire to a rural privy around the outskirts of town, or perhaps loitering about a cigar store or a pool room, reading the comics, throwing rocks at squirrels in a park, perpetrating small thefts or swindles. He often charged things in stores to his father, stole cigarettes, candy, cigars, etc., which he sometime gave away freely to slight acquaintances or other idlers he encountered. Though many wasteful, inopportune, and punishable deeds were correctly attributed to him, these apparently were only a small fraction of his actual achievement along this line.

He lied so plausibly and with such utter equanimity, devised such ingenious alibis or simply denied all responsibility with such convincing appearances of candor that for many years his real career was poorly estimated. Among typical exploits with which he is credited stand these: prankish defecation into the stringed intricacies of the school piano; the removal from his uncle's automobile of a carburetor for which he got 75 cents; the selling of his father's overcoat to a passing buyer of scrap materials.

Though he often fell in with groups or small gangs, he never for long identified himself with others in a common cause. In the more outlandish and serious outcroppings of group mischief he sometimes played a prominent role. With several others he broke into a summer cottage on a nearby lake, stole a few articles, overturned all the furniture, threw rugs, dishes, etc., out of the window. He and a few more teen-age boys on another expedition smashed headlights and windshields on several automobiles, punctured a number of tires, and rolled one car down a slope, leaving it slightly battered and bogged in a ditch.

At fourteen or fifteen, having learned to drive, Tom began to steal automobiles with some regularity. Often his intention seemed less that of theft than of heedless misappropriation. A neighbor or friend of the family, going to the garage or to where the car was parked outside an office building, would find it missing. Sometimes the patient would leave the stolen vehicle within a few blocks or miles of the owner, sometimes out on the road where the gasoline had given out. After he had tried to sell a stolen car his father consulted advisers and, on the theory that he might have some specific craving for automobiles, bought one for him as a therapeutic measure. On one occasion while out driving he deliberately parked his own car and, leaving it, stole an inferior model which he left slightly damaged on the outskirts of a village some miles away.

Meanwhile Tom continued to forge his father's name to small checks and steal change, pocketknives, textbooks, etc., at school. Occasionally, on the pretext of ownership he would sell a dog or a calf belonging to some member of the community. His youth made long terms of imprisonment seem inappropriate, it being felt that this might confirm him in a criminal career or teach him additional and more malignant antisocial techniques. He was ineligible for the state hospital.

Private physicians, scout masters, social workers, were consulted. They talked and worked with him, but to no avail. Listing the deeds for which he became ever more notable does not give an adequate picture of the situation. He did not every day or every week bring attention to himself by major acts of mischief or destructiveness. He was usually polite, often considerate in small, appealing ways and always seemed to have learned his lesson after detection and punishment. He was clever and learned easily. During intervals when his attendance was regular he impressed his teachers as outstanding in ability. Some charm and apparent modesty, as well as his very convincing way of seeming sincere and to have taken resolutions that would count, kept not only the parents but all who encountered him clinging to hope. Teachers, scout masters, the school principal, etc., recognizing that in some very important respects he differed from the ordinary bad or wayward youth, made special efforts to help him and to give him new opportunities to reform or readjust.

When he drove a stolen automobile across a state line he came in contact with federal authorities. In view of his youth and the wonderful impression he made, he was put on probation. Soon afterward he took another automobile and again left it in the adjoining state. It was a very obvious situation. The consequences could not have been entirely overlooked by a person of his excellent shrewdness. He admitted that the considerable risks of getting caught had occurred to him, but felt he had a chance to avoid detection and would take it. No unusual and powerful motive or any special aim could be brought out as an explanation.

Tom was sent to a federal institution in a distant state, where a well-organized program of rehabilitation and guidance was available. He soon impressed authorities at this place with his attitude and in the way he discussed his past mistakes and plans for a different future. He seemed to merit parole status precociously and this was awarded him. It was not long before he began stealing again and thereby lost his freedom.

The impression he made during confinement was so promising that he was pardoned before the expiration of the regular term and he came home confident, buoyant, apparently matured, and thoroughly rehabilitated. Considerable work had been done with him at the institution and he seemed to respond well to psychiatric measures. He found employment in a drydock at a nearby port and talked modestly but convincingly of the course he would now follow, expressing aims and plans few could greatly improve.

His employers found him at first energetic, bright, and apparently enthusiastic about the work. Soon evidence of inexplicable irresponsibilty emerged and accumulated. Sometimes he missed several days and brought simple but convincing excuses of illness. As the occasions multiplied, explanations so detailed and elaborate were made that it seemed only facts could have produced them. Later he sometimes left the job, stayed away for hours, and gave no account of his behavior except to say that he did not feel like working at the time.

There seemed to be no cause for dissatisfaction, no discernible change of attitude toward the work. When he chose to apply himself he did better than most. It was plain to the employers that this promising young man was not merely lazy or, in an ordinary way, fretfully restless.

The theft of an automobile brought Tom to jail again. He expressed remorse over his mistake, talked so well, and seemed so genuinely and appropriately motivated and determined that his father, by making heavy financial settlements, secured his release. After a number of relatively petty but annoying activities another theft made it necessary for his family to intervene.

Reliable information indicates that he has been arrested and imprisoned approximately fifty or sixty times. It is estimated that he would have been put in jails or police barracks for short or long periods of detention on approximately 150 other occasions if his family had not made good his small thefts, damages, etc., and paid fines for him.

Sometimes he was arrested for fomenting brawls in low resorts, provoking fights, or for such high-handed and disturbing behavior as to constitute public nuisance. Though not a very regular drinker or one who characteristically drank to sodden confusion or stupefaction, he exhibited unsociable and unprepossessing manners and conduct after taking even a few beers or highballs. In one juke-joint imbroglio he is credited with having struck a fellow reveler on the head with a piece of iron. No serious injuries resulted, though great uproar and spectacular commotion prevailed. Under similar circumstances he was once in, or on the fringes of, an altercation in which gunplay occurred and another man received a minor flesh wound. Meanwhile, he continued to forge his father's name to checks, often insisted on sleeping through breakfast, obtained loans through ingenious misrepresentations and ran up debts which he simply ignored.

Tom's mother had over years suffered special anxiety and distress through his unannounced absences. After kissing her good-bye, saying he was going downtown for a Coca-Cola or to a movie, he might not appear for several days or even for a couple of weeks. Instead of his returning, a long-distance telephone call might in the middle of the night arouse the father, who would be entreated to come at once to near-by or distant places where the son had encountered unpleasant complications or, perhaps, restraint by the police.

He expressed particularly heavy penitence for all the worry and sleepless nights he had caused his mother, admitting that he loved her dearly and that nothing about his life so displeased him as having given her even a moment's distress. He spoke as if with feeling about the patience, generosity, and understanding of his father and seemed to believe the filial bond was unusually fine and satisfactory.

Recently an elderly friend of the family, in town on business, learned something of the situation. This man, whose experience in dealing with other people and their problems was considerable (and very successful), undertook the task of helping the patient. Though he had heard a good deal about past exploits, he could not but feel hopeful after his first talk. A little later he took the patient with him on an automobile ride, feeling that in this way he could bring the problem to full discussion by a more natural, informal approach.

The conversation, once begun, developed amazingly. The younger man not only promised to behave from now on in an exemplary fashion, but analyzed and discussed his past in such a way that the older found there was little that could be added. Despite his interest and his experience in such matters, he had seldom if ever encountered a more plausible interpretation of human mistakes and social confusion, of how distortion of aims and maladjustment develop out of the complicated influences and situations of modern living. Even more than the pertinent presentation of cause and effect and the cogent steps proposed for solution, the young man's appearance of sincerity in all these realizations impressed the older counselor. He spoke as the wisest and most contrite of men would speak and seemed to have a more detailed and deeper understanding of his entire situation than even the most sagacious observer could reach.

The patient talked not only of what he would avoid but discussed plans for work and recreation, for development and progressive maturation. Tom emphasized how his irregular hours, his unforeseen absences, etc., had kept his parents much of the time not sure whether he was dead or alive. Before the ride was over the judicious counselor was encouraged and deeply optimistic. In addition, he was so impressed by points this young man had brought out and by his apparent earnestness and resolution that he felt himself wiser from the experience. Moved and stimulated, he admitted that he had obtained new and valuable viewpoints on life and deeper seriousness. He had been stimulated to review his own patterns of behavior and to seek a better and more progressive plan of self-expression. In this frame of mind he bade the patient good night, letting him out of the car at the front gate of the parents' home.

The patient did not even enter the house. After going in the gate, he walked through the grounds, went out by a back entrance, and was not heard from that night. He was not, in fact, heard from for a week. News then came of his being in jail again at a near-by town where he had forged, stolen trifles, run up debts, and carried out other behavior familiar to all who knew him.

This young man has, apparently, never formed any substantial attachment for another person. Sexually he has been desultorily promiscuous under a wide variety of circumstances. A year or two earlier he married a girl who had achieved considerable local recognition as a prostitute and as one whose fee was moderate. He had previously shared her offerings during an evening (on a commercial basis) with friends or with brief acquaintances among whom he found himself. He soon left the bride and never showed signs of shame or chagrin about the character of the woman he had espoused or any responsibility toward her.

During the war Tom maintained over some months an off-hand relation with the wife of a man in combat overseas. When in town he ate at her house, sometimes slept there with her, but was as heedless of her and her feelings as of his parents. She apparently suffered some anxiety when, after making plans and promises to do something special with her, he disappeared and she heard nothing from him until he called her from another city (reversing the charges) to chat casually and sometimes to speak eloquent words of endearment. Sometimes he took precautions to deceive her about his sporadic sex relations with other women; sometimes he forgot or did not bother.

On returning from his trips during the war he sometimes told interesting stories of having been for a time in the Navy, narrating with vivid and lifelike plausibility action in which he had participated and which led to the destruction of a German submarine off Jamaica or the pursuit of a raiding warship off the coast of Greenland. Again he would talk at length about his experiences transporting airplanes from Miami to Havana, or accidents leading to hospitalization and operation and diverse adventures with nurses, other patients, interns, etc. Once, during a stag-party discussion of venereal disease, he even fabricated an account of having caught one or more of these unenviable maladies and enlightened his listeners about treatments he had received, drugs, dosage, and complications.

None of these fraudulent stories had a real element of delusion. When really caught in the lie about any of them and confronted with definite proof, he often laughed and passed it off as a sort of joke.

After these events and many others similar in general but differing in detail, Tom seemed modestly pleased with himself, effortlessly confident of the future. He gave the impression of a young man fresh and unhardened, in no respect brutalized or worn by his past experiences. He seemed, also, a poised fellow, one who would make his decisions not in hot-headed haste but calmly, whether these were prompted by immediate whim or by intentions he had much time to entertain.

Chapter 9

GEORGE

THIS man was thirty-three years old at the time I first saw him and admitted him to a psychiatric hospital. He stated that his trouble was "nervousness" but could give no definite idea of what he meant by this word. He was remarkably self-composed, showed no indication of restlessness or anxiety, and could not mention anything that he worried about. He went on to state that his alleged nervousness was caused by "shell shock" during the war. He then proceeded to amplify on this in an outlandish story describing himself as being cast twenty feet into the air by a shell, landing in his descent astride some iron pipes, and lying totally unconscious for sixty days, during all of which he hovered between life and death.

A physical examination showed George without any evidence of injury or illness. In fact, he was a remarkably strong and active man, six feet in height, 170 pounds in weight. Later, in an athletic meet held on the hospital grounds, he showed himself an exceptional sprinter and broad-jumper, surpassing many able competitors ten years younger than himself in these events. Prolonged observation and psychiatric study brought out no sign or suggestion of a psychosis or a psychoneurosis. Despite his original complaint of "nervousness," he was at all times calm and without the slightest evidence of abnormal anxiety. He ate and slept well, did not complain of any worries, was free of phobias, compulsions, conversion reactions, tics, and all other ordinary neurotic manifestations.

Records of this man's career show that he has been confined in various mental hospitals approximately half the time since he became of age. In addition to periods ranging from a few weeks to six months at federal government institutions in Texas, Tennessee, Mississippi, Georgia, and Florida, he was also frequently sent by the Government to private psychiatric hospitals and invalids' homes. Between these experiences he spent a good part of his time in the local county jail or in other jails at Birmingham, Montgomery, Mobile, or other towns which he visited. He was taken in sometimes for drunkenness and disorderly conduct, at other times for writing bad checks, petty theft, reckless driving of automobiles, obtaining money under false pretenses, snatching the purse from a prostitute, taking possession of a house whose owners were off on vacation, etc. Extravagant but insincere threats to harm his wife and four children made after taking a few drinks and lunacy charges also accounted for a dozen or so arrests.

During all the observation at various hospitals mentioned above, as well as at a state mental hospital where George also spent a short time, no technical evidence of a psychosis or a psychoneurosis is mentioned. His wife and friends have repeatedly persuaded local authorities to consider him as mentally deranged and to have him sent to hospitals rather than let him face the various charges brought against him from time to time.

On other occasions, when refused admission by hospitals that had already studied him more than once and declared him sane, competent, and not in need of psychiatric treatment, friends and relatives have had him arrested, prevailed upon local doctors to sign statements that he is deranged and dangerous, and brought pressure to bear so that hospitals, with the light in which the case was presented, had no choice but to readmit him.

The doctors involved in such procedures, country practitioners for the most part, never mention technical evidence that would indicate a psychosis or a psychoneurosis as they are described in the textbooks. Such statements as the following are typical:

> "Something is decidedly wrong mentally. I don't think I have ever come in contact with a man as unreliable as he is. He worries everybody that has fooled with him until they hate him. The County authorities are tired of boarding him as he is not a criminal." (Family Physician.)
>
> "Everybody who comes in contact with him agrees that he should be confined permanently . . . very unreliable as to his word of honor." (County Physician.)

A physician who owns a private hospital located at a town nearby, in explaining his refusal to accept the patient again, ends by saying "we do not cater to his class."

He is described as frequently drinking whiskey to excess and as sometimes taking Veronal, Luminal, Amytal, and bromides to ease himself in the aftermath of a spree. Although there is no record of alcoholic hallucinations, many bizarre and notable actions are described when the patient has had something to drink:

On a cold February day he rushed, fully clothed, down to the creek and sprang in. After thrashing about, yelling and cursing to no purpose and creating a senseless commotion, he swam back to land without difficulty. One fine spring evening he is said to have run entirely naked through the streets of the town. He once sat up all night under the house striking matches aimlessly.

Generally believed reports indicate that late one night he, with several drinking companions, succeeded in releasing a half-tamed bear from the cage in which it was kept at a filling station to attract trade. A good deal of fright, some civic uproar, and hasty precautionary measures ensued. Assiduous and painstaking effort by a number of local volunteers led to the bear's relatively uneventful return to his cage. According to available information, the bear was not terribly dangerous but sufficiently so to make a man of anything like ordinary responsibility sharply restrain all impulses to loose him on the outskirts of an unprepared community. The patient denied having been a party to this exploit but the evidence against him is strong.

In view of this man's failure to make any effort to conduct himself sensibly through so many years, there is no wonder that many are found to say that he is of unsound mind. He has done no work except for occasional periods when for a week or ten days he would show considerable promise as an automobile salesman, clerk in a grocery store, soda jerker, bootlegger's assistant, etc. It was not long before, in the language of an elderly uncle often called on to deal with these problems, he proceeded to "launch himself on another pot-valiant and fatuous rigadoon."

After studies on his case were completed, and on the basis of his cooperative and technically sane behavior, he was given parole privileges. He promised, of course, not to drink or to break any other rule of good conduct and expressed many fine intentions positively and reassuringly. Six days later he staggered into his ward and attempted to go to bed without being noticed by the attendant. On being found so plainly in his cups, he raged petulantly, first denied any contact with stimulants, and finally, with indignation, admitted having taken one-half glass of beer. His eyes were bloodshot, he could scarcely stand, he spoke in wild, boastful, almost unintelligible accents. A bottle of cheap whiskey was discovered hidden under his mattress.

According to the custom of the hospital, George was now confined to a closed ward where his superficial sanity stood out arrestingly from the delusional babbling and the blank-faced, staring inertia of his psychotic fellows. He was always intelligent and agreeable, frequently pointing out the obvious inconsistency of his being confined among "insane" people. Pleading important business downtown, he was, after three weeks, given a pass to go out in the care of a hospital attendant for a few hours. He returned in good condition, but when night came on he refused to go to bed, cursed, and spat at the nurse who tried to advise him. His breath reeked of raw liquor, and a search disclosed a half empty quart bottle in his pocket. The attendant who took him to town denied having allowed him to purchase whiskey and could only surmise in astonishment that the patient must have slipped off for a moment and obtained the bottle while pretending to go to the toilet.

A few weeks after this incident, the patient's wife came to town and asked to take him out on a pass, agreeing to assume full responsibility. When she returned him to the hospital it was evident that he had drunk liberally, and the wife confessed herself as having been unable to deal with him.

The next day a man living near the hospital advised that he had fired a revolver at the patient on being alarmed by his behavior. George, after loitering about the premises boisterous and vaguely threatening, began to fumble at a window as if trying to force his way in. The shot had not been aimed at George but only in his general direction in order to frighten him. This end was satisfactorily achieved, for at the report he made off in a clatter of undignified haste.

About a month later, on strong promises of good behavior, George was again given parole. Within a few days he climbed over the fence and hired an automobile, which, after racing for a while about the road to no special purpose, he wrecked in the city streets and was taken to jail.

This cycle of events was repeated several more times. The man was obviously not where he belonged when confined on a closed ward with extremely psychotic patients of the ordinary type. Just as plainly he showed himself unable to remain on an open ward with mildly psychotic patients who succeeded in adapting themselves to a life of limited freedom. Finally, on being kept under close supervision for several weeks following a senseless and troublesome spree, he demanded his discharge in a well-written letter emphasizing his sanity and the inappropriateness of his hospitalization. He was released accordingly.

Six months later he was sent back to the hospital from his local jail where he had been confined after striking a Negro man with a poleaxe. He had, as was his wont, been drinking but showed little evidence of being affected by alcohol. The other man was walking peacefully by when our patient engaged him in a dispute about possession of the pavement. "Flown with insolence and [perhaps] with wine", he found the other's conciliatory attitude not to his taste, waxed more overbearing, and ended by felling his presumed adversary with a deft blow. He did not on this occasion seem to lose control of himself like a man in a genuine rage who might have struck blow after blow. His deed seemed prompted more by fractiousness and impulses to show off than by violent passion.

His application for admission was at first refused by the hospital, since only patients suffering from mental disorder in the commonly accepted sense are eligible. His wife and influential friends thereupon invoked higher authorities, who arranged for him to be taken. This time he was again found to be free from all symptoms of recognized mental disorder and was classified as: (1) *no nervous or mental disease;* (2) *psychopathic personality.* He did not complain of nervousness as he had at the time of his first admission, but instead insisted that he was a sane and well man and demanded full privileges to come and go as he pleased, saying that the authorities who arranged for him to come to the hospital had promised him this.

It was plain that George regarded the hospital simply as an expedient by which he might escape the legal consequences of his behavior. After being kept for a few weeks on a closed ward, he was allowed to go out on the grounds alone with the understanding that after a few days he would be discharged as sane and competent. He could not, however, keep out of trouble. On the third day of his freedom he was seen by the guard driving at high speed through the gate in a car belonging to one of the physicians. Chase was offered, and after a lively race he was overtaken about fifteen miles from the hospital, having battered in a fender and knocked off a headlight of the car on the way.

It is hardly necessary to point out that this man had repeatedly been instructed in the rules to be observed while on parole, that he knew the driving of an automobile by a patient in this hospital to be a serious violation of his trust, not to speak of the theft, or the unauthorized borrowing he proclaimed it to be. When finally caught, he appeared as sane as before, showing no evidence of any episodic loss of his usual reasoning power. He had not been drinking when he took the automobile and, of course, the pursuit was too hot for him to obtain liquor while in flight, though in view of his previously demonstrated ingenuity and dispatch in fulfilling this want, it would scarcely have been surprising to find him properly raddled.

On his return to the hospital he did not show the slightest sign of remorse over having taken possession of and having succeeded in damaging the car belonging to a physician who had always been particularly kind to him. The owner's willingness to free him from responsibility for his deed he took as a matter of course, expressing neither gratitude nor satisfaction. In fact, he dismissed the whole matter as insignificant, and his prevailing attitude was that of a man generally ill used. Some weeks later he was sent home.

About six months afterward his wife telegraphed the hospital that she could no longer cope with her husband, whom she described as being still in such folly as that already recounted. He did not, however, arrive by the train he boarded. It was subsequently learned that he got off along the way, obtained a few drinks, and made a clamorous nuisance of himself in the station until the police came to cut short his activities.

A little later he was readmitted following a series of misadventures in no way different from those already mentioned but including a period in the state mental hospital. He was alert and rational and just as he had always been before, except for the presence of a urethral discharge of gonococcic origin. He gave a false account of his activities, saying that he had been working on a farm and had been in no trouble at all. The records showed that he had not turned his hand to make an honest dollar since he left and that a week had seldom passed without his buffoonish or antisocial activities arousing consternation in the neighborhood and bringing him to the attention of the police.

He was freely communicative and scarcely waited for encouragement to give an explanation of how he came by his gonorrhea. The records show that after causing some commotion in town by maudlin or threatening outbursts on the streets and silly pompous threats about harming his wife, he had been brought in, bedraggled and disconsolate, from a ditch where he lay and confined to jail.

The jail, George said, was crowded, and the jailor, who knew him to be a good fellow, placed him in a cell on the women's section of the building. The bars of his cell were about six inches apart and so, according to his story, he was separated from and yet provocatively close to the women prisoners. These, his neighbors, were seven girls ranging in age from fourteen to twenty and awaiting transportation to the women's reformatory.

He said that at night, when the lights were out, these girls would disrobe and, coming to the bars, would entice him, calling him "Pretty Boy," "Country Boy," and otherwise teasing and challenging him until he began to indulge in sexual intercourse with them between the bars in order to make them leave him alone. He says that he continued this practice with each of them every night during the rest of his sojourn there, the transactions taking place always in the dark and through the separating barrier. From one or all of these women he says he caught the gonorrhea which now troubled him.

He appeared to be no little proud of this story which, however, is probably no more accurate than his stories of exemplary behavior and hard work or his frequently expressed intentions to conduct himself like a sensible person. During prolonged observation of him in the hospital he showed himself more prone to drift about street corners and bars, to indulge in petty gambling or theft, to cadge and impose on chance acquaintances, or to raise some puerile and futile clamor than to seek intercourse with one woman, much less with many.

Since this last admission, his story has been the same as before. On recovering from gonorrhea, he was, after being found sane and competent, given freedom of the grounds. He soon left without permission and was found in the hands of the police. Back again on a closed ward he was dissatisfied and with irrefutable arguments pointed out the incongruity of his being assigned to a place among men content to sit all day in silence staring blankly at nothing or who murmured incessantly that their heads were full of gold, radium, and diamonds, that they had no stomachs or intestines, that the Masons were playing on their sexual organs by radio, that they were sickened by the odor of the bells.

It was here, however, that George had to be kept, a perfectly clear minded person, neat, polite, and quick witted, in striking contrast to his fellows, whose lips moved inarticulately as they responded to hallucinatory voices, and some of whom urinated and defecated on themselves, sought to eat dead roaches, etc.

This was not, of course, an ideal environment for him. He was, therefore, replaced on the parole ward time after time, only to prove himself, after periods from a few days to a few weeks, unadaptable. When put on the closed ward among better adjusted cases of schizophrenia or dementia paralytica, men who worked on a farm detail or at woodwork, he took advantage of his situation and escaped. During much of his time in the hospital it has therefore been necessary to keep him among the actively disturbed or badly deteriorated cases where supervision is complete and possibilities of escape are limited.

When last heard from, he was again hospitalized. Opportunities are continually offered him to improve his situation. From time to time parole is restored and occasionally his wife takes him home on furlough. Always, however, he causes trouble for himself and others and always for no discernible purpose.

The last news of him was that he violated his parole by leaving the hospital. After sustaining himself by his customary activities for a week or ten days and staying clear of the police, he again came to grief. With the aim evidently of stealing a hen or a few fryers, or perhaps to evade pursuit, he slipped into a Negro farmer's chicken house. Having brought along a bottle, and perhaps being delayed by needs to avoid detection, he drank injudiously. Next morning he was found in the coop where he had apparently wallowed and groped through the night. Called by the farmer, attendants brought him to the hospital. Here on a closed ward we find him, among helpless and irrational people, subject to the strict control and attention required for those who cannot direct themselves.

Though he left school after completing the eighth grade, he writes letters which would do credit to a college graduate. In these he insists on having his freedom, stating that his difficulties in the past have been minor and that he is ready and thoroughly able to settle down to an exemplary life. He often stresses the fact that his wife and children need his protection and support. His family history is entirely negative. Parents and grandparents were hard working, sober folk, liked and respected in the little rural community where the present generation lives. One sister and three brothers are leading normal lives there today.

Chapter 10

PIERRE

SOME of the patients who have been presented give concrete and abundant evidence in their behavior of a serious maladjustment and one of long duration. The diagnosis of psychopathic personality can seldom if ever be made with confidence except on such a record. Many persons at some time in their lives steal, cheat, lie, forge checks, indulge in foolish or destruuctive conduct, behave regrettably while drinking, and engage in unfortunate or paradoxical sexual activity. It can hardly be denied that some of the most stable and admirable of people have, during the course of achieving maturity, done all these things and worse. One important point that distinguishes the psychopath is his failure to learn and adopt a better and more fulfilling pattern of life. Another and perhaps a more fundamental point, which will be elaborated subsequently, is that psychopaths give a strong impression of lacking the fundamental responses and emotional susceptibility which probably play a dominant part in helping other people avoid this type of maladjustment.

It is, perhaps, worthwhile for us to consider now a patient whose record so far may not establish him beyond question with our group of those clinically disabled, but whose inmost reactions, in so far as one can judge them, strongly indicate that his disorder is the same and that his subsequent career will unmistakably place him.

Not long ago his parents made an appointment for him by mail. They accompanied him from a thriving community in Northern Florida where for the last sixty years the members of this family had been sober and respected citizens. There was a good deal of pride in these people, not a vain or pretentious self-esteem but a modest dignity that seemed to be cherished more as a responsibility than as an ornament.

These parents were truly concerned about their son. A dozen or more letters and reports from school teachers, from the family physician, the rector of the church, the scoutmaster, a high school coach, etc., arrived before the patient. From this material came many facts and opinions. The patient's remote antecedents had lived in or about Charleston, S. C., in colonial times. They had never been famous for wealth or political influence, but in the Revolutionary War, as well as in the War Between the States, they had played a part which rooted them deeply in sectional traditions of distinction. In Florida, where this branch of the family had moved almost twenty years before the present century, they had established a good name and a sound, unsnobbish sort of prominence. Unlike the fictional Southerners preoccupied with (frequently exaggerated) glories of the past, the ———'s had continued to live primarily in the present and to live rather effectively.

One school teacher who had done graduate work in psychology gave a good deal of consideration to this boy's name, which, as a fair equivalent, we shall give as Pierre. As she pointed out, an Englishman can be called Percival, Jasper, Evelyn or Vivian without much risk, but in the ordinary American community such a name might endanger a boy's soul. This young man had been christened Pierre ——— ——— —————, probably not as an extravagant gesture toward the exotic or to past glories, but almost as a matter of course. Such given names had been customary among these descendants of early Charleston Hugenots, and the present generation felt nothing conspicuous in what to them was so familiar and commonplace. In these parents speculation probably never arose about how a French name might sound to the fellows who played football in the vacant lot by the gas-house and "rabbitted" sissies with brick-bats. In agreement with his thoughtful teacher's final conclusion, I am inclined to believe that this name, despite its potential dangers, caused the patient little difficulty. Even before he began school he was always called Pete. And his family conformed to this custom.

After his parents had been interviewed separately and together, Pete came into the office. He stood about six feet tall, held himself well, and appeared more mature than would be expected of a boy still eighteen. He at once impressed me as being enviably at his ease. Though not extraordinary in its features, his face was pleasant, candid, and alert. As our conversation progressed, indications of excellent intelligence soon appeared, along with suggestions of a character forceful but not undesirably self-assertive or aggressive.

Pete expressed disappointment about having had to withdraw from college and seemed remarkably frank in discussing the causes of his predicament. His story was the same incomprehensible story already heard from his parents and corroborated by the several detailed reports.

A forged check had brought Pete before the dean. He did not deny his guilt but, in a straightforward way, seemed ready to meet the consequences like a gentleman. The dean was puzzled, not that a young man might forge a check, but that it should be this particular man with his fine record, his appearance of sincerity, and his brave way of handling a situation presumably painful and embarrassing.

Several points made the incident difficult to explain. The check had been cashed at a little tavern by the gates of the college, a place virtually integral with the campus where students were intimately known to the cashier and the waitresses. The owner of this place, a college-life character for generations, prided himself on calling the freshmen by name and on his closeness to the boys. It would have been easy for Pete to cash such a check at dozens of places where his chances of escaping detection would have been vastly better. He had, it would seem, picked the place where his misdeed could most easily be traced to him. Furthermore, he had not chosen as victim someone unlikely to find him out, but the father of a girl he had been dating regularly during the seven months he had been at college. In forging the name, he had taken no great care to disguise his handwriting or to make a good imitation of the real signature.

There was difficulty in conceiving of a possible motive. With the dean Pete seemed thoroughly at ease. In a manly, well-controlled manner he expressed his profound regret, his willingness to make restitution or to submit to any penality. The check amounted to only $35.00 and could scarcely represent an urgent need or something deeply longed for. Pete's allowance, while not injudiciously large, was a little more than the average among his fellows. Despite his apparent frankness he could give the dean no substantial reason for the self-damaging act by which he had neither gained nor hoped to gain anything of consequence. During a prolonged consideration of the affair Pete remained so calm, so free from ordinary signs of guile and excuse-making, that those in authority could not dismiss the possibility of some point that this boy might, through honor or chivalry, be concealing. No definite hypothesis of this sort could be devised but the dean, despite such plain indications for drastic action, decided to temporize. Meanwhile, another forged check, this time for $15.00, showed up. This was drawn on the account of a lady in his home town, an intimate friend of his mother's. While judgment was pending, two more forged checks were discovered—one for $15.00, another for $23.00.

Even now the authorities found it difficult to regard this boy as an ordinary forger. He showed nothing in common with people who are placed in the category of the delinquent. Instead of being expelled, he was allowed to withdraw from college.

He had made a good record during his seven months as a freshman and was popular with the students. Letters were contributed in his behalf by the high school principal at home, by his minister, a former Sunday School teacher, a scoutmaster, and even by the mayor of his home town. All of these expressed confidence in Pete as "a splendid young man of high moral standards," "a regular fellow," "a fine Christian character," "a well-behaved and clean-minded boy who deserves every consideration."

During our numerous interviews Pete seemed to express himself freely. "I just don't know why I did it," he said at first. At other times he said he must have been impelled by desire for money. As the subject was returned to from day to day his explanation varied. "It seems there was some sort of an impulse I can't account for," he once suggested. A few days later it was, "I just didn't think what I was doing."

No one familiar with the whole material of these interviews would have difficulty in seeing plainly that none of these reasons were very pertinent. Pete admitted he had not even spent the money. He had no particular need and no special plans that might call for extra cash. His statement about some impulse is, of course, interesting; but the more Pete discussed this the more evident it became that he was not referring to anything like compulsive behavior in the ordinary psychiatric sense. Apparently he fell upon this remark as upon his other ever-varying explanations in a vague effort to fill out verbally a framework of cause and effect which as human beings we all tend to manufacture when we cannot find it in actuality. There was no specific breath-taking and unbearable drive to do this irrational act, and no vivid fulfillment in its accomplishment. He had done it as a lazy man might swat a fly. Pete was not discovering real motives in himself but reaching at random for plausible or possible reasons that might have influenced some hypothetical person to do what he had done. It was rationalization in the purest sense but not adequate enough to convince the patient himself.

Among dozens of other possible explanations he mentioned that shortly before one of his forgeries he had received a letter from one of his friends in Florida mentioning the friend's plan for a weekend trip to Miami. Pete recalled a feeling of envy and suggested that he might, childishly, have felt that he, too, would like to have a sort of treat or adventure or break in the routine. By getting this extra money he would, in a vague way, be keeping up with his friend, having a little lark, or indulging himself in a sort of reward or bonus. Or he might think up some way to spend the money that would constitute an equivalent to his friend's week end of pleasure. Under discussion this, too, broke down as a factor of much pertinence. The envious thought of his friend's trip had been brief and trivial. It had not preoccupied him or exerted strong or persistent emotional pressure as sometimes such apparently illogical and inadequate factors do exert in human behavior. And he had neither executed nor continued to plan any adventure in which the money might be used or wasted.

The patient realized that all the impulses he mentioned were without strength to drive him into a dangerous or even a mildly unpleasant act. The more one talked with him the more plain it became that he had realized how readily such forgeries could be detected and laid at his feet and that he had, before and during the acts, been far from unaware (intellectually) that serious and undesirable consequences were likely to follow. There was no question of Pete's having been, in the ordinary sense, merely thoughtless or impulsive. He was not negligent in reason and foresight, but somehow the obvious, and one would think inevitable, emotional response that would inhibit such an act did not play its part in his functioning. There had been no anxious brooding over consequences, no conscious struggle against temptation or overmastering impulse. The consequences occurred to him, but rather casually, and he did not worry about them even to the point of carefully estimating his chances of getting away with the forgeries undetected, or just what penalties he might face. He drifted along, responding to rather feeble impulses but without adequate consideration of consequences.

This boy, as he clearly pointed out, had no inclination to leave college. He had been remarkably free of homesickness and, in fact happier, he said, than ever before in his life. He had chosen the college himself, largely on the basis of renown and social prestige. Though very much smaller, it was regarded by many as more or less equivalent to Harvard or Yale. He had won a scholarship awarded by a civic group in the town where he lived, on the basis of character and all-around qualities rather than on mere superiority in grades. He had no difficulty in passing examinations and obtaining admission at the college of his choice.

In this discussion several points of interest emerged. Until his last year in high school he had planned to go to West Point. There had never been, he admitted, any real interest in military life, and he frankly stated he had never intended to remain in the army after graduation. The idea of wearing an impressive uniform and the most superficial aspects of being a West Pointer seem to have been almost his sole motive. In explaining his change of mind, he frankly spoke of his desire to be among wealthy and socially prominent people and pointed out the particular advantages of the place he had chosen. Such motives, of course, influence in a way most, if not all, people. But this young man seemed influenced to a degree truly remarkable. As the discussion progressed it began to appear as if such values alone affected him. In the ordinary climber or snob it is usual to find this sort of dominant attitude only under concealment that fools the subject if not the observer. With Pete there seemed to be no awareness that such aims should not be given primacy, and, indeed, exclusive sway, or that there was reason to pretend otherwise.

In further talk along this line his fundamental attitude began to shape up into something much less simple than that of the ordinary opportunist or the vulgar schemer. Something distinctly and almost terrifyingly naive emerged behind a readily volunteered and not very appealing life aim. It became clear that this was far from a truly dominant and persistent aim. Like momentary apparel, it had been donned, somewhat as revellers may try on for a moment paper masks or fancy costumes at a party, only after a moment to discard them. Pete was not a shrewd opportunist intently set on pursuing a policy of material success with little regard to ethics or esthetics. Gladly, and in a deep sense innocently and sincerely, he accepted such a scheme and such evaluations. And these motivations probably influenced his conduct more often than any other conscious motivation. But even here there was no persistence of aim, no goal regularly beckoning, no substantial emotional force driving, even in a poor or perverse channel, toward fulfillment. Such values prompted Pete, but their influence was more that of transient recurrent whims than of human-sized connation.

This bright and pleasant young man volunteered information about numerous acts in the past which had not been detected. He had occasionally stolen, usually articles of little value, from friends and from stores. No evidence of any distinct motive or any strong thrill of adventure could be brought out in connection with the petty thefts. He had also, with gracious and "between us as gentlemen" approaches, put pressure on a number of his father's friends to "lend" him small sums which he never thought of repaying. During the previous summer he had, by complicated and ingenious schemes, secured sugar for a Negro man who made whiskey illegally. In this way he obtained several hundred dollars, nearly all of which he squandered aimlessly and unexcitingly while on houseparties with a group he liked to impress. Though he worried little about getting caught, he had proceeded with some caution and cunning. Even his closest acquaintances had not suspected him. Earlier, when rationing was in effect, he devised a method of stealing gasoline from an uncle who managed a business considered important in the war effort. Through this connection he gained access to relatively large quantities of gasoline and, by careful planning and clever execution, made off with a few gallons at a time until he accumulated enough to bring substantial sums on the black market. Though a member of the Honor Council in high school, he had never hesitated to cheat on examinations. He not only did this when he felt he might otherwise make a bad mark, but also routinely somewhat in the manner of a gentleman paying respect to the conventions. This practice had not been officially detected or become widely known among his classmates.

Pete did not bring out these facts painfully and with reluctance. It was not as though he were taking advantage at last of an opportunity to unburden himself by confession. Apparently he had never been burdened. Nor did he show that boastful relish sometimes seen in people who seem proud and defiant about the delinquent acts they confess. In a gentlemanly way he seemed to be discussing ordinary matters of a conventional life.

He had repeatedly spoken of his remorse about the forgeries at college and spoken convincingly of his resolution never to make such mistakes in the future. In telling of his earlier delinquencies, which had never been discovered, he did not spontaneously bring out an opinion that this sort of behavior also should be avoided. When reasons for this were suggested, he readily agreed. There seemed, however, to be little shame or real regret and no effective intention that would last much beyond the moment of its utterance.

Though a considerable number of delinquencies and examples of very badly adapted conduct emerged as this patient was seen over a period of time,* it is not these in themselves that so strongly suggest he shows the disorder called psychopathic personality. What is most suggestive of this disorder is very difficult to convey, for it came out in attitudes disclosed as he talked about his emotional relations, his principles, his ambitions, and his ideals. By citing concrete acts or failures to act it is easier to demonstrate such things than by commenting on what has been merely spoken, and what from this and the accompanying expressions, tones, etc., has been sensed or surmised. It may be worth while, however, to attempt a few points.

PETE'S LOVE LIFE

This attractive and fine looking young man had been going out with girls for several years. Apparently they found his attentions welcome. Though he sometimes spent the evening alone with a girl, he still preferred double-dating or getting together with several couples. He had almost entirely escaped the shyness and unpleasant self-consciousness that trouble so many boys in their teens. He had never attempted sexual relations and seemed to have less than ordinary conscious inclination in this direction. No overt homosexual inclinations could be brought out in ordinary interviews or with the patient under Amytal or hypnosis.

For over a year Pete had been going regularly with the daughter of a millionaire who had recently moved to Florida from the Middle West. Jane was only sixteen years old. Though not an only child, she had been born very late in her parents' lives, and after her sister and two brothers were almost adults. The siblings had long ago married, leaving her to grow up as the center of her ageing parents' concern and attention. This situation may account for the early overprotection and domination Jane experienced and for her tendency toward social withdrawal and her deep and painful insecurity.

Her parents, by now quite old, set in their ways, and out of touch with Jane's world, sensed something wrong and set out on the disastrous course of pushing her, managing her, and trying by an irresistible tour de force to make her precipitately into a reigning belle.

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*Not all of these need be brought out here.

A few years earlier her mother had nagged her day and night about overexerting herself, had insisted that she have breakfast in bed and not arise until 10:30 A.M. She had also insisted that she take tomato juice between meals (for vitamins) and milk (for calories). There had also been arguments about taking a nap every afternoon, swallowing numerous vitamin pills or unneeded laxatives, and carrying out all sorts of quackish health rituals which had attracted the mother. Now this frustrated, frightened, and unprepared girl was pushed suddenly into equitation instructions, tennis every other afternoon, private lessons in Italian, elaborate parties with imported champagne. The mother took her to New York and arranged some rather artificial frolics at the Stork Club and El Morocco. There were also yachting parties during which this sensitive girl tried valiantly to make conversation and carry out the motions of gaiety from Daytona to Miami. Jane seemed like a gun-shy yearling pointer and promptly developed nocturnal enuresis.*

The more difficulty she showed in handling herself, the more vigorously her mother pushed her, and the more she suffered and showed her terror. Most of the young men herded by the mother's almost ferocious efforts and by all sorts of indirect bribery to these overdone parties made almost open fun of Jane. Her uneasiness and dutiful but brittle efforts to carry out a false role led them to speak of her as a "drip."

This good and essentially normal girl, in the midst of constant mockery which she, unlike her mother, often detected, found herself attended by Pete. He was without mockery. Nor did he, like some of the condescending youths drawn by parental largess, attempt lovelessly to feel her breasts and to initiate her into the intimacies of a *soul kiss.* Pete behaved "like a gentleman." He was cordial, polite, and he treated her mother and father with a respect that seemed properly deferential in contrast with many in that brash, immature gang who came for the handout and the opportunity for mockery.

He was more acceptable also that the snide older men inclined to show her attention. Among these she encountered a few partial and cynical homosexuals who apparently enjoyed any travesty on what ought to be a normal coming together of girl and boy. Jane did not know which ones were the homosexuals, scarcely even that there was such a thing as homosexuality, but she sensed under their superficial politeness what seemed like subtle attitudes of defeatism, condescension, and only formality where it is natural to seek warmth. They gently mocked her taste in reading and in music and were politely supercilious about her clothes and about how she rode a horse.

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* I have reliable, first-hand information on Jane's situation in addition to what came through the present case.

After them is was almost a joy to be with Pete. Her parents, too, found him respectful and a lad of fine, manly qualities. He was obviously intelligent and lightly and unpretentiously he expressed principles of the highest, truest order.

Too much a child still and too backward to seek a mature heterosexual role, too inexperienced to recognize or even to imagine what a genuine lover might offer or seek, Jane found Pete the most acceptable companion available. Unacquainted with the feelings and attitudes of young men in normal love, or even with milder but real interests of this sort, she had no frame of reference in which to evaluate her chief suitor's monumental inadequacy. She had, in fact, little means even of perceiving it.

Pete himself discussed his girl without the slightest awareness that he lacked any requisite of a romantic lover or of a satisfactory husband. Both of Jane's parents encouraged his attentions. An impressive mahogany speedboat and a new Cadillac convertible were virtually put at his disposal. He found himself not quite the possessor of these and of many other luxuries but conspicuously in the center of them. It would not be difficult to imagine such a situaation turning an ordinary boy's head, confusing him with grandiose fancies, and, perhaps, initiating a career of delinquency.

Perhaps such an explanation is correct, but I am not convinced. Pete was not dazzled and swept off his feet. He was not, it would seem, particularly excited. He expressed a liking for Jane and her family, and showed evidence of being attracted by the outer appearance of things in this rather glittering world. There was no indication that wild passions for wealth had been aroused and a steady young man lured off toward false goals. Nothing seemed capable of arousing any real drive or passion in Pete, much less a wild one. The pseudo-ideals about wealth and prestige, and the half-hearted impulses of which he spoke had existed long before he knew Jane. They were, however, at best tepid and unsteady aspirations, not strong or really purposeful drives, not constantly beckoning temptations deflecting natural aims. Pete might let himself drift toward a fortune, and even, when caprice stimulated him, paddle a bit toward this goal or effigy of a goal, but he was not the sort of man to swim with frantic vigor toward either positive or negative shores. Fortune hunting might come nearer to arousing him than another aim, but even this did not challenge him to life and human purpose or bring to birth a long-range plan of action. Even in this direction he found nothing to which he could commit himself in actual emotion.

Though his plans were not definite, Pete admitted he felt he would like eventually to marry Jane. He had not weighed his chances to do so very carefully but he felt they were good. "Oh, yes indeed!" he replied, when asked if he were in love with her. As his feelings about her were discussed, it remained impossible to detect any sort of affective content to which those words might refer. The more one investigated Pete's attitude the more strictly verbal his statement appeared. His reply was a reflex response, the carrying out of a superficially polite routine, a purely formal nod doing justice to vague conventions more or less to the effect that of course one loved a girl if he were seriously considering her for a wife. Pete approved of such conventions. Rather proudly, he denied any outstanding physical passion for her or any specific attraction of this sort. He sometimes held her hand and he kissed her goodnight. These contacts, one would judge, were little more stimulating to him than such doings between brother and sister. The ideas of kissing her as a lover would have seemed to him vaguely repellent, perhaps "common." He was more neutral, however, than negative toward this as a possibility, and seemed pleased that he could say he had never given such things much thought. He was consecrated to higher and more practical aims.

As the discussion of his attitudes toward his girl developed, it became increasingly apparent that he neither liked nor disliked her. He had not questioned his heart particularly along these lines or so formulated it to himself, but it was plain that she was little more than something incidental in the eventualities toward which he felt himself drifting and was willing to drift. When this was suggested to him he agreed that it was correct, with no shame or sense of having been detected in anything to regret or explain.

"Many people put too much emphasis on love, it seems to me," Pete said, not argumentatively or even with strong conviction, but somewhat gropingly, as if he were feeling his way toward some position on which he could base his comments. It was not hard to believe he might just as readily have drifted into the opposite position.

"I don't feel the way so many other people do about love," he continued. "Other things, it seems to me, are a lot more serious and important." On being urged to make this point more concrete, he added: "Well, for instance, if a boy and a girl decide to marry and unite two families so they can own a good insurance business or a big pulp-wood mill."

There was nothing that suggested active cynicism in this young man. He was shaping up something that might pass in his awareness as a sort of goal. In a sense his attitude was idealistic. It was at least the shadow or verbal form of what might be called an idealistic or "higher" type of impulse, but the shadow was, I believe, without substance. Even here one felt an affective hollowness, a lack of the energy that goes into purposive human functioning, and to such a degree as to convince one that this verbal evaluation could never muster sufficient strength, could never matter enough to him, to become a real goal or to make him work toward it consistently or with enthusiasm.

* * *

His other activities, convictions, and relations, gave indications of a similar deficit in his functioning. In response to leading questions he mentioned numerous "ambitions." He was not at all evasive and he seemed entirely unaware that his inmost self might contain anything incomplete, pathologic, or deviate. In fact, one felt that nothing could really embarrass this bright, agreeable, and poised young man.

"Another thing I'd like when I get older is to be a vestryman in the church," he said, with what looked a bit like enthusiasm. I believe, however, that enthusiasm is a misleading word. His tone of voice, his facial expression, and the myriad other subthreshold details not clearly perceived, in which we feel out our evaluation of a person's reactions, all suggested affect. But this affect did not, it seems, extend deeply enough into him to constitute enthusiasm or anything else that could move a person very much. Nor do I believe that what affect might have been present will be capable of directing him toward any consistent aim. A well-made cardboard box carefully gilded could scarcely be distinguished by visual perception from a cubic yard of gold.

I do not think his expressed wish to become a vestryman can be accounted for by a desire on his part to impress people that he was penitent about the forgeries and meant to compensate for them in the future. I think this wish was as real as anything could be real for this person. It had been a feature in his plans over some years.

In discussing his motives he said, "I don't exactly know why it seems such a good idea to be a vestryman. It just seems to me sort of pleasant and I think I'd like it. It might strike you as a little odd, too," he continued thoughtfully, "because I'm really not very much interested in religion. Now Jack ——— and Frank ——— are terribly interested in religion. They're all the time talking about it and bothering themselves. I'm not like that a bit. I can't see any point in making such a commotion about something of that sort."

To the next question he replied: "Oh I don't mean that I don't absolutely and completely believe every word of the Bible. And I believe everything the church teaches. Of course I believe things like that." I hardly think he was trying to deceive me or, as this is ordinarily understood, trying to deceive himself. A person to whom rigid theological beliefs give comfort might deceive himself in order to overlook implausibility in what he would like to assume is true and might, I am sure all will agree, do so without being quite aware of it. This boy did not seem to have any such need. It seemed, with due respect to the difficulties of putting such matters into words, rather a case of there being nowhere within him any valid contrast between *believing* and *not believing* or even between a thing of this sort being *so* or *not so.*

"Probably why I want to be a vestryman," he went on, "is because people seem to think a lot of them, consider them important, and sort of look up to them." There was no sign of irony, playful or otherwise, toward the social group or toward himself. Sincerity is a word which for most people implies positive emotional reactions. Not merely in this boy's superficial attitude, but in an important sense, one could say there was a striking lack of ordinary insincerity.

In discussing his relations with others he admitted a decline in his affection for his father. He expressed no negative feelings and said he felt, perhaps, he loved his father about as much as, and probably more than, one might expect of the average boy of his age. "But, being perfectly frank, I can't say I love him the way I do my mother. I am crazy about mother. She and I are very close to each other." By leading questions it was brought out that he estimated his love for his mother as deep and genuine. He rated it as a feeling not less strong than the maximum that an ordinary person can experience, though he was not boastful or extravagant in phrasing his replies. A few minutes later he mentioned, among other people, the mother of a male friend.

"Oh, Mrs. Blank is a wonderful person. She and I get on perfectly. She understands me. I love Mrs. Blank better than anyone."

"Do you love her better than your mother?"

"Yes," he replied without hesitation, "I love Mrs. Blank a great deal more than I do Mother. I couldn't love anybody as much as I do Mrs. Blank!"

He had been frequently thrown with this lady, but apparently his relations with her were superficial and there was no evidence of particular or uncommon affection on her part toward him. She had no idea that he would express himself about her in such a fashion.

A little later he said that his ideal of what a woman should be, and of the sort of wife he would like, was embodied in the fictional Scarlett O'Hara. It was pointed out that this character was thought by some to be portrayed as amazingly selfish, frigid, dishonorable, ruthless, faithless, and petty and that, furthermore, she was scarcely the sort of woman to make a husband happy. He did not deny any of this. Mrs. Blank, who in his own appraisal and in reality, was honest, faithful, gentle, and, in nearly all important respects, the opposite of Scarlett O'Hara, was now recalled to him and he was asked how he could choose both these incompatible figures as a single ideal. He then said that maybe he was mistaken about Scarlett. He had read the novel and remembered it in detail.

There was no indication in him of a reaction such as awakening to an error, or even of surprise accompanying his verbal withdrawal from his fictional heroine. He did not seem to feel any need to revise his attitude as the ordinary man does on finding himself in error. The fact that he had been, as admitted by himself, on the wrong track seemed in no way to stimulate him toward getting on another track. He impressed me as being this way about the most serious and practical matters, and no less so than in this small theoretical question. It was not hard to get the feeling that he had never been on any track at all, that he had not really been committed to his first proposition and so he had nothing to withdraw.

This young man's parents, in his absence, spoke of his having been an unusually loving and demonstrative child until he was about fourteen years old. "We worried," his mother said, "because he was too considerate and affectionate. He never did anything wrong. He would do so many sweet, attentive little things to show us how he felt. He used to stay at home and seem to want to be with us so much that I thought it might not be good for him."

After fourteen a difference became discernible and finally striking. He gradually changed from being over attentive until, in recent years, he seemed cool and showed little convincing evidence of affection to his parents. He seemed to want to be out all the time. Though the parents felt uneasy about these changes, they reassured themselves. He did not drink and had the reputation of being very moral, "pure-minded" and proper. He was liked by his friends, did well but not brilliantly in school, and usually took the lead in superficial activities at clubs and social gatherings.

Occasionally incidents arose that briefly alarmed the parents. The boy, when he wanted to have his way about small matters, sometimes seemed utterly unable to see the other side of a question. Once when his mother was physically indisposed and needed to get a number of articles downtown, he refused to help her, saying that he was going to the movies with another boy. His indifference struck her as extreme, and she not only suffered considerable inconvenience and discomfort but also sharp hurt. That night when, as usual, he wanted the family automobile, his father refused him, pointing out that he had not behaved toward his mother in a way to deserve this favor. He reacted, according to his parents, as if an arbitrary and vicious injustice had been done him, showing what looked like a quiet indignation, politely controlled in its grosser aspects but consistent with what one might feel who is for no fault provoked and deeply wronged. Both parents felt that they had often given in to him too much.

On another occasion when he had shown unwillingness to put himself out in even the smallest degree for the comfort of his mother, who was then recovering from a serious attack of illness, his father had pointed out to him that his mother might have died and still was in danger. "Well," he said, "suppose she did. Everybody has to die sometime. I don't see why you make so much of it." He seemed honestly surprised at his father's reaction. In discussing this with me he still seemed to feel that the most important point in the matter was the factual correctness of his statement about mortality.

Unlike most psychopaths, this case as yet shows relatively little obvious disturbance in his social situation. There is no trail behind him now of a hundred thefts and forgeries, repeated time after time in clear knowledge of the consequences. He has, in general, avoided outraging his friends and acquaintances by vividly antisocial acts or distasteful and spectacular folly. Many of his contemporaries smoke, swap bawdy jokes with gusto, sometimes get a little drunk, and not a few indulge in illicit sexual intercourse. Not doing these things, by which "goodness" or "badness" in people of his age is often judged by the community, he has acquired a considerable reputation for virtue. He goes to church regularly. All this tends to offset what negative qualities he has shown and makes it hard for his friends to realize things about him they might otherwise grasp. Though far from being truthful, his frank manner and his ability to look one in the eye without shame have so far concealed most of his serious shortcomings, not only from his parents but also from a fair percentage of his acquaintances.

Many of Pete's contemporaries do not, as a matter of fact, regard him as the excellent character and promising young man he appears in the eyes of his elders. He has no really close friends. Bound by no substantial attachments, he has, one might say, the whole of his time and energy for superficial relations and is able to cultivate many acquaintances with whom he is, in a sense, popular. He does not get close enough to anyone in true personal relations to be recognized well in his limitations or to be well understood. What little warmth he possesses is all on the surface and available to one and all. What he offers to the most casual acquaintance is all he could offer to friend, parent, or wife. In general he is accepted as as a person representing virtue and manifesting affability. Having no serious interests or aims, he is free to devote more attention than others to social clubs and to young people's organizations sponsored by school or church for moral purposes. It is easy for him to say the right things and go through the proper motions, for he has no earnest convictions or strong conflicting drives to cause confusion.

Behind an excellent facade of superficial reactions that mimic a normal and socially-approved way of living one can feel in this young man an inner deviation, an emotional emptiness, comparable in degree with what seems to lie at the core of schizophrenia. He lacks, however, all the characteristics by which a diagnosis of schizophrenia is made. Not only are the gross and demonstrable symptoms, such as delusions and hallucinations, absent, but there is no oddness, no peculiar inwardness and constraint, no abstruse stiffness of manner, or any of the other subtle, sometimes inexpressible, qualities and shadings that one can feel in the case of simple schizophrenia or in those called schizoid personality. He is, on the contrary, glibly sociable, utterly at his ease. He mixes readily and tends to lead in his group. There is nothing guarded and shy on the surface of his personality and probably nowhere within the range of his consciousness.

Whether or not the formal diagnosis of psychopath is established in this case is a question I am willing to leave open. There is much in his conduct that would indicate such a disorder. It is not what he has done that points so strongly in this direction but how he feels and inwardly responds. When one deals with him directly he offers, more than the previous patients, an opportunity to sense at close range some of the attitudes one can often only surmise at a greater depth beneath the unaccountable conduct and the verbally and logically perfect front of the psychopath.

Chapter 11

FRANK

THE following letter was received by an influential senator in Washington and referred by him to the hospital.

Dear Sir:

It is with regret that I find it necessary to seek consideration from higher authority but I have been confined in the Veterans Administration Hospital at ———, ——— for two years.

During my period of incarceration here I have tried in every available way to cooperate with the officials, but it seems an impossibility to get any consideration from them towards gaining my freedom.

I was placed here on the recommendation of my sister because she thought I was a drug addict, and she has written some pretty nasty things against me to the officials here.

I can prove to the satisfaction of all concerned that I am not a confirmed drug addict or habitual user of any form of drug sufficiently to warrant continuous confinement. I am not a criminal, nor had I the slightest minor charge of any description against me at the time I came here. The Staff here has rated me less than 10 per cent disabled and discontinued all government compensation; therefore, I believe you will agree with me that any man with a less than 10 per cent disability could not possess a physical or mental disorder sufficient to prevent his having his freedom and making his own livelihood.

I am not even allowed parole privileges of the grounds as a great many of the patients here are. Some are continually violating institutional rules and still retain their parole privileges undisciplined.

I have two children, who need my support and as long as I am kept incarcerated I can't assist them in any way for I have no means other than my labor to support them.

I hereby humbly request you to intercede in my behalf and demand these officials here to grant my release in order that I may be able to support my children to the best of my ability as is every man's duty.

There are quite a few men in these institutions that are nothing short of impositions on the government and taxpayers of the United States. They, the same as myself, are perfectly capable mentally and physically to support themselves and should be forced to do so.

I have begged for parole, trial visit, or any other means to prove myself self-sustaining, but the authorities here seem to take my plea as a joke and make a lot of promises that they have no intention of putting into action.

I will gladly submit to any physical or mental examination you may deem necessary to assist you in obtaining my release from this place.

I pray that you will give my earnest request your immediate consideration.

Please be assured that I hold no malice toward any of the officials here or elsewhere but my only objective in writing you is to gain my freedom and support my children.

Please let me hear from you personally,

Yours very respectfully,
Frank ——————.

The writer of this letter has behind him a formidable record of misadventure.

Detailed knowledge of Frank's early life is not available beyond the following facts: The son of a rustic blacksmith, he was raised in a small hamlet near the mountains of north Georgia. No members of his family, so far as can be learned, suffered from nervous or mental disease or made themselves objectionable in the community. He completed the fifth grade in school, where he was considered by no means a dull boy, though often truant. Many of the hours when he was supposed to be in school or working at some necessary chore for his family, he is reported to have spent loitering about a local millpond drowning goats and doing other senseless or uninviting deeds of mischief.

Before the United States entered World War I Frank had forged his father's name to a false statement about his age and enlisted in the National Guard. After his discharge from the army he was given vocational training by the government. He was tried at several courses but made no serious effort to complete any of them. In his community he soon made himself a problem, sometimes drinking to excess, often behaving in a rowdy and threatening manner, contracting to buy filling stations, farms, etc., but never living up to his agreements.

Local ex-service men, believing that he took morphine and that treatment might help his maladjustment, commonly referred to as "nervousness" had him sent to a psychiatric hospital. He remained for a month, then returned to continue in his old ways.

Now began a series of hospitalizations which extends to the present time. He would be sent first to one place, then to another. He has been treated in state hospitals, in federal hospitals, and in private institutions at the expense of the government. All told, he has been admitted no less than nineteen times to strictly mental hospitals maintained for the purpose of treating psychotic people. Sometimes he remained only three or four weeks, sometimes six months or even eighteen months. Over the years his periods of hospitalization have grown slightly longer and his intervals outside shorter. He has never, during the past fifteen years, been free longer than a few months. While not under the care of psychiatrists he has received considerable attention from the police. His jail sentences number seven at the present reading, including a term of nine months in the Leavenworth Penitentiary (where he was sent for forging a prescription for morphine) but not counting a score or more of overnight or week-end stops in police barracks.

Despite these preoccupations Frank has found time to marry and have four children and to become ordained as a minister in a small religious sect noted for vigorous evangelical fervor. His martial relations have been most unsatisfactory during the interludes when he was free to be with his family. His wife reports that he curses her and fights with her and it is well established that he seizes any money that is available, hires automobiles, and drives aimlessly about the countryside, often drinking to excess and, according to some reports, occasionally taking morphine.

At times he has seemed proud of his ecclesiastical title, referring to himself as a pastor and assuming unctuous and haughty airs. He has not, however, occupied himself with whatever ministerial duties he was supposed to fulfill any more consistently than with other work.

His friends, especially those interested in the American Legion and other service organizations, have obtained many positions for him. He is shrewd, neat in appearance, and an excellent talker. He makes a good impression at first but always shirks his responsibility to such an extent that it is impossible to retain him.

A few years ago he was given a place at a gasoline filling station and seemed, surprisingly, to show considerable interest in his work for several days. It was then discovered that he had been drawing off all the gasoline he could and taking it to a near-by town where he sold it and bought morphine from dope peddlers, most of which he, in turn, sold at a tremendous profit to local addicts.

He has been consistently arrogant and aggressive toward his neighbors and acquaintances over trifles. After taking a few drinks he has often threatened others, claimed things that were not his own, and made such a nuisance of himself that local police would be called to deal with him.

He is boastful and histrionic, more eloquently and aggressively so with a few highballs, and much given to temper tantrums. He frequently threatens to kill himself over some petty vexation and once offered a pistol to his wife, urging her grandiloquently to shoot him. He has never made an attempt, however, to harm himself, though his opportunities have been unlimited.

He has been reported as having convulsive seizures. These developed when he was refused special attentions by physicians and seemed, according to descriptions of them, plainly and consciously designed toward obtaining various ends. This manifestation has also been noted when he was confined to jail and wanted to be sent to a mental hospital in order to escape charges that had been brought against him. These so-called seizures have been observed several times in this hospital by competent psychiatrists. They did not in any way suggest epilepsy nor were they convincing as possible reactions of true hysteria. The patient is unquestionably conscious and shows that he is behaving intentionally in this way to gain a recognized end. Unlike a conversion phenomenon, the purpose is not concealed from his conscious awareness.[43, 60]

Though occasionally confused after heavy drinking (perhaps with the addition of drugs), he has at all other times been entirely rational, alert, shrewd, and free from delusions and hallucinations.

Early in Frank's career he was on several occasions given a diagnosis of hysteria, sometimes of both psychopathic personality and hysteria. Once he was given a diagnosis of psychopathic personality with psychotic episodes. There was not, however, any evidence of behavior or symptoms different from what he has shown on other occasions. There is reason to suspect that the real and pressing need to keep this patient hospitalized may have played an important part in his being so classified. The genuinely irrational and incompetent behavior, no doubt, supports the use of such a term as psychosis, despite the lack of any additional symptoms.

The irrational behavior which has characterized him is not based on a delusional system or on any loss of the good reasoning ability he shows on examination. Some of his most turbulent misconduct has, of course, been while he was intoxicated. At such times he naturally lacked his customary shrewdness and alertness, but one cannot conscientiously call this a psychotic episode beyond and above his well-known inadequacy but rather the manifestation of inebriety. I do not mean to say that this man is normal but only that he has none of the recognized types of mental disorder, episodic or constant. If his drunken and wayward episodes are to be termed psychotic, then his state at other times must be termed psychotic, since it is in his shrewd, technically sane condition that he decides to add the picturesque touches of intoxication which he well knows will bring him to the attention of the police.

At this hospital, at the state hospitals, and at the other institutions to which Frank was sent in recent years, he has been considered a sane man without psychotic episodes. The symptomatic diagnoses of drug addiction and chronic alcoholism have been added. During all these years he has shown no evidence of deterioration or regression, and today at thirty-eight he is the same clever, alert person he was described as being twenty years ago. Unlike nearly all real morphine addicts he does not show ordinary withdrawal symptoms or other signs of physical illness and acute distress when, after being admitted to the hospital, he is deprived of opportunities to obtain the drug.

If the reports that he takes morphine have any factual basis, such use must be sporadic. There is little or no evidence that effects of the drug have regularly played any major role in his behavior. It appears that his chief connection with drugs has been through his part in peddling them illicitly.

His career in the hospital has been marked by frequent paroles which are always terminated by his failure to return, returning drunk, or being taken up by the police for petty theft, swindling, and futile and unprovoked disorder. Though ingratiating and outwardly cooperative when he is trying to obtain parole or discharge, he constantly schemes to escape or, surreptitiously, to call upon high authorities to have him released. Once, while helping attendants on the disturbed ward, he succeeded in turning hot water into a tub where a psychotic patient lay in a continuous bath. He did not try to injure the man seriously, merely to hurt him a little as a joke. This is a fair example of the inane, humorless mischief that underlies the pretentious front assumed by this former pastor.

Despite his medicolegal status, which, of course, is technically regarded as constituting sanity, those interested in finding some practical way to protect him and his family and to cope with the ever accumulating problems, succeeded on one occasion in having him committed by the court. Those close to the situation evidently found in his behavior reasons for action more compelling than the abstract criteria which stood in the way of such a step. After being held in the hospital for several months despite his reiterated demands for discharge against medical advice, he called in an attorney.

Frank had in the past always found no difficulty in leaving when it suited his purpose or his whim. In view of his well-demonstrated inability to live in freedom he was now, by means of the legal commitment, kept against his wishes in order to spare his family, the community, and himself the hardships he had brought about before and was sure to bring about again. The attorney for the government, in attempting to resist habeas corpus proceedings, found himself in a familiar dilemma, as the following quotations from his letter will show:

> "It is evident that the medical staff at the hospital are using the term insane to convey the meaning of the medical definition of the word rather than the legal definition. In other words, the thought back of the use of the word appears to me to be that it is the opinion of neuropsychiatrists that this man is not suffering from a mental disease as physicians understand the term, that he does not have a psychosis. It does appear, however, that it is their opinion that the state of his mind due to drug addiction and also manifested by his past antisocial behavior is such as to warrant the conclusions that he is incompetent and that he should receive treatment in a hospital for the cure of nervous and mental diseases. To say, however, that he is incompetent but not insane presents a rather inconsistent picture with which to go into court. We may be confronted with such a question as why he needs to be in a hospital for the care of nervous and mental diseases if he has no nervous or mental disease.
>
> "I am inclined to think that the terms *insanity* and *incompetency* so far as their legal significance is concerned are used interchangeably and that the important point to be considered, whether you call a man insane or merely admit that he is incompetent, is whether the person is incapable of administering his personal estate in the normal manner of a prudent man and whether there is definite evidence of a more or less prolonged departure from normal behavior as compared with the standards of the community, such as dissipation of funds, unwise purchases, and utter lack of appreciation of values.

> "Because of the fact that I anticipate some difficulty in trying to show that the man is incompetent but not insane, I would appreciate an expression of your views on the matter. It occurs to me also that a man ought to be confined who is a menace to others and likely to do harm to others, even though his mental condition may be due in part to inadequate mental development and in part to the use of drugs. He may be just as dangerous to himself or to others as a person suffering from a mental disease and who, according to the purely medical definition of insanity, would be pronounced insane."

Of course, one might say, why not let these people out of the mental hospitals and leave them to the police? If they are considered responsible for their misdeeds, let them be punished. This, as a matter of fact, is what the average psychiatric hospital is nearly always forced to do, whatever its physicians may think of the wisdom and practicality of such a procedure. These men are studied, found free of recognized mental disorder which might make them unaware of what they are doing, and are sent back out into the world. They are arrested not once but many times. Most of them seldom commit very serious crimes. Only rarely can they be kept for more than a few days. They do not follow any purposive criminal life. They make a nuisance of themselves to the community as a whole and often tragically wreck the lives of those close to them, and all to no discernible end. The police and the courts tire of them. Through various influences they are forced back on the mental hospitals where they take legal action to regain their freedom, only to begin the process again.

If, as stated in the quotations previously cited, it would be difficult to prove this man incompetent but not insane, it would be far more difficult, by existing definitions of psychiatry, to prove him "insane." His perfectly rational (superficial) behavior under scrutiny, his freedom from delusions, his shrewdness, his alertness, his convincing plan for a normal, useful life, in short, his plain sanity as this is ordinarily understood, make it all but impossible for a judge or a jury to call him insane. Psychiatrists, familiar with his long record of senseless behavior, are able to see more reason to do so than could be brought out before a court in terms of abstract criteria by which the decision is determined. But according to the accepted standards of psychiatry, his diagnosis carries with it an official and automatic endorsement of the patient as sane and competent. No matter how strongly impressed by real and practical evidence to the contrary, all physicians testifying in such a case must admit that the official technicalities approve this paradox.

Having won his case in court, the patient was released against medical advice. Frank did not go home but remained in the city where he at once claimed the attention of the police. On being released after a few days in jail he took a room at the best hotel, annoyed other guests by trying to borrow money, sponge on them for a meal, sell them something useless or nonexistent, etc. He became at times loudly boastful or rowdy, and eventually fell on the floor drunk. He refused to pay for his room and resisted the management's attempts to remove him.

He sought loans under bold-faced pretences, ran up debts without regard to the possibilities of payment, telephoned and wrote to his family threatening suicide unless his demands for money were promptly met. There are indications that he was not inactive during this period in old devices of petty thievery, short-changing, and various types of fraud, sharp practice, and connivance, that exist on the fringe of more or less organized but illegal racketeering found in any city.

Nothing, however, could be pinned on him by the law that led to his being effectively controlled. In all issues of this sort that arose he had his record as a patient once legally committed and often confined to psychiatric institutions. This record was, in his ingenious hands, of considerable value as insurance against penal restraint.

After several arrests, the police began to call on the hospital to relieve them of their problems with this man. They were told that nothing could be done since he had been legally removed and the hospital was enjoined by the court not to hold him. Soon afterward the police and various local people began to seek advice on how to deal with him from the attorney who had liberated this man.

The patient himself soon joined in, coming repeatedly to the attorney's office or his house, sometimes drunk and always unreasonable, to shout about the injustices of the world, borrow money, evade threatening penalties, and to demand divers preposterous services. The veteran had promised to pay the attorney's bill with bonus money, but now it appeared that this money had already been squandered. Hoping to collect his fee and, no doubt, from humanitarian impulses, the attorney sought to keep in touch with his client. Those with whom he had run up bills, floated little loans, etc., joined others swindled or defrauded in small matters and took their problems up with the patient's legal representative. Soon the incessant complaints from annoyed people, the client's own nagging or uproarious invasions upon him at all hours, and the constant queries of the police drove him to seek relief. The patient being again in jail, the attorney persuaded him to agree to return to the hospital voluntarily and pled with the physician in charge to take him back, confessing himself at fault ever to have released such a scourge on the community and on himself.

Arrangements were made for readmission. The patient arrived in custody of a policeman. He was still somewhat stimulated from a recent intoxication but, though overbearing and pompous, showed no signs of real drunkenness nor of an officially recognized psychosis.

Frank took a high-handed manner, swaggered about, finally refused to come back into the hospital, saying that he had no mental disease and that he preferred to return to jail where he would soon be released to carry out important business plans and social activities. He enjoyed the incident, played up his role dramatically, and took a peremptory and haughty tone with everyone.

Some weeks later after running up big debts, giving several more bad checks, and participating in a series of senseless, bawdy escapades, he was finally returned to the hospital. Three months later he again obtained his discharge on a writ of habeas corpus but not through the same attorney. The story in its broad essentials was repeated.

Since his last admission, following the exploits just mentioned, he has been true to form. After varying periods on a closed ward parole has been given, he has lost it repeatedly and gone back among "demented" and helpless groups with whom he is, to say the least, not at home. He has continued at all times free from the technical stigmata of psychosis, crafty, intelligent, and superficially cooperative while trying to gain his ends.

Frank takes advantage of every opportunity to make trouble in the hospital, is rather restless and extremely dissatisfied. He sends frequent letters to women in town to whom he regards himself as paying court. These are written in a neat hand, well spelled and well expressed, and are much better letters than one would look for from a man of his education. They are marked with self-righteousness, extreme egotism, trite sentimentality, and monumental falsehood. His tone is that of a lover who regards his own passion as very high and rare.

"Only God knows," he writes, "why I wasn't left over there among the poppies with my heroic buddies," falsely describing himself as a captain in charge of 272 men. "My wife never understood me!" he complains in the same letter. What does he expect of her? The question invites meditation.

Chapter 12

ANNA

THERE was nothing spectacular about her, but when she came into the office you felt that she merited the attention she at once obtained. She was, you could say without straining a point, rather good-looking, but she was not nearly as good-looking as most women would have to be to make a comparable impression. She spoke in the crisp, fluttery cadence of the British and consistently sounded her "r's" and "ing's" and she regularly said "been" as they do in London. For a girl born and raised in Georgia, such speaking could suggest affectation. Yet it was the very opposite of this quality that contributed a great deal to the pleasing effect she invariably produced on those who met her. Naive has so many inapplicable connotations it is hardly the word to use in reference to this urbane and gracious presence, yet it is difficult to think of our first meeting without that very word coming to mind, with its overtones of freshness, artlessness, and candor.

She had, some months before, passed her fortieth birthday. Neither her face nor her figure had lost anything worth mentioning. Despite her composure, she gave a distinct impression of energy and playful spontaneity, an impression of vivid youth. In response to ordinary questions about her activities and interests she spoke of tennis, riding, and reading. More specific inquiry brought out opinions on Hamlet's essential conflict, comparisons between the music of Brahms and the music of Shostakovitch, an impressive criticism of Schopenhauer's views on women, and several pertinent references to *The Brothers Karamozov.* She expressed opinions on current affairs that seemed to make excellent sense and talked with wit about the cyclic changes in feminine clothes and the implications of atomic physics for the future. What she had to say was particularly interesting and she said it in just the opposite of all those many ways of talking that people call "making conversation."

As discussion progressed, the picture became more and more distinct of a rather remarkable woman. Here was evidence of high intelligence and of considerable learning without discernible bookishness or consciousness of being "an intellectual." One could catch a hint of wide interests, fresh and contagious enthusiasms, and a taste for living that reached out toward all healthy experience. Having a cup of coffee with her or weeding a garden would somehow take on a special quality of fun and delightfulness. Something about her over and beyond her looks prompted the estimate that she would be very likely to elicit romantic impulses, strong sensual inclinations, from most men who encountered her. Here, it seemed, was natural taste without a shadow of posed estheticism, urbanity without blunting of response to the simplest of joys, integrity and good ethical sense with the very opposite of everything that could be called priggish or smug. She showed nothing to suggest she meant to give such an impression or that she had any thought as to how she seemed.

Even with a detailed record of Anna's career clearly in mind, it was difficult indeed not to come to a conclusion that all the well-authenticated facts of that record should be ignored since they were so thoroughly contradicted by the obvious character of this appealing woman. The banal but nevertheless insistent thought that such a psychiatric history must apply to some other person was hard to dismiss. Prior to this interview a great deal of trustworthy information had been made available to me. Anna's mother and father had given her story at length. A reliable psychiatrist in whose small private hospital she had been treated on numerous occasions furnished not only an ordinary history but many details from his first-hand experience with her over the last twenty years. Her family physician had grown up in the same community with the patient and, through his personal acquaintance with her and her associates since childhood, had access to a remarkable amount of unusual information. He, as well as another medical practitioner, who was also a relative, gave further details. Other sources of fact and opinion lay in several patients treated in the past whose relations with Anna at various periods of her life were significant. In the course of treatment material had emerged in these other cases that rounded out her history and afforded additional means to evaluate her own reactions in interpersonal relations.

It is too much of a story to tell in a chapter or in a single book. And, no matter how told, it could not be believed except by those who have already had experience over years with such patterns of behavior. Familiarity with a temporary cross-section of such a life (as, for instance, during a single period of hospitalization), plus a generalized account of what preceded, would almost surely convince any psychiatrist of the diagnosis, but this would probably fail to give him the challenging sense of wonder, the awe that arises from a contemplation of the accumulated detail in its specific essence.

Her family first became aware that Anna had serious problems through the discovery of a boys' club in the local high school which, if not exactly founded in her honor, had at least been organized about her as the central figure. Comprised of ten or a dozen members in their early teens, a secret society in a sense, the group, like many Greek letter fraternities, had special phrases, symbolic signs, and countersigns. Encountering each other at the soda fountain or passing in the school corridor, two boys might slowly flex the fingers of their hands (so as to suggest a rounded aperture, possibly), leaving their arms dangling as if to veil slightly from alien observers a mystic communication.

Amid the chattering of groups over their chocolate sodas or hamburgers, certain phrases were thrown out stamped with idiom by the tone of voice and a special knowing quality in the accompanying glance. Small talk proceeded along lines common to pubertal groups. Baseball scores were predicted, estimates were voiced as to whether or not a certain girl would neck or pet, or perhaps do a French kiss on the third date. The occasional gestures and the allusive words provoked curiosity among the uninitiated without actually revealing the secret content. Numerous small groups of boys, sometimes only three or four, sometimes more, banded by a common interest in postage stamps, firearms, a secret shack in the woods where they met to gamble, or in some other affair, often reserved for themselves a peculiar connotation in bits of familiar language or devised codes of slang, verbal, digital, and postural, to transmit among the elect understandings or special recognitions best reserved from the surrounding masses.

First and fundamentally, the comprehension of the entire adult world was glibly evaded by this communication system. In mixed gatherings, such as at dancing school, allusions could be made, say, to a half bottle of cheap liquor stored weeks ago in a hollow tree near the river bank. This often evoked an arcane deviltry through which the girls could be teased but in which they could not fully mingle. Groping among confused and paradoxical concepts of virility, some boys could find stimulus (or protectiveness) in neologisms and fresh innuendoes pertaining to the act of excretion and its subtle relations to insult, sexuality, and infinite defilement.

Like dozens of other small, spontaneously forming and dissolving fraternities centered around interests that ranged from bird study to techniques of mutual masturbation, the group whose special interest lay in Anna did not for a while attract undue or sustained scrutiny from the adult world. The club had come into being after a discussion among several boys heretofore not particularly well acquainted with one another. Chat had veered desultorily from literal accounts of what they had done to certain girls to playful variations on the theme of personal insult by the versatile (and at times fantastic) use of strongly obscene words.

As every junior high school boy knows, this argot of double-talk can bring a stimulus of exaggeration into the simplest statement and at the same time literally indicate matters so grotesquely perverse that they probably lie beyond biologic experience. Though at times seized upon to express actual rage or contempt, even the most objectionable formulations are oftener used in amiable or even affectionate badinage and horseplay. The actual nouns and verbs, chiefly those of four letters (occasionally those of three or five), denote parts of the body involved in excretion and the genital organs of man and women, and eliminative and sexual activities. Mingled in a sort of cloacal chaos, seasoned with qualifiers of coprophilic and more broadly scatologic significance, weirdly sadistic, rounded out with participial references to olfactory and other sensory outrages, this unprintable language is worn so smooth by continuous repetition among pubertal boys that even its more literal meaning often by-passes their awareness.

In calling this language unprintable I am not uncognizant of the fact that there isn't one of the forbidden words which hasn't occasionally appeared in books and that all of them can be seen scrawled on the walls of latrines. These words, however, in isolation or in different contexts, cannot even hint at the terrible significance so obvious in the dynamic essence of speech into which they are woven. Though some attention has, of course, been given by psychiatry to what is now being mentioned, it is an area that deserves further study.[57, 64, 179, 203] The material is so highly charged that even in medical or in any other technical writing it cannot be handled freely. The actual discussion that led to the beginning of the club to which we are giving attention cannot be presented to the reader.

It is, of course, for one thing not directly accessible to the writer in full detail, though there is sufficient information to reconstruct a reliable approximation in concrete terms. The nature of Anna's behavior and experience in her relation to the club can scarcely be conveyed by a generalization. From what material is available about this specific incident and with the aid of confirmatory detail gathered from the review of many similar situations, let us, as best we can (tentatively, but with sufficient evidence to give confidence that the approximation is in substance valid) attempt to reconstruct a little of the scene. Even a few bowdlerized and typical fragments may be helpful:

The boys had been hanging around together at a spot near the river bank where they sometimes fished, talking in the sort of bull session that often arose.

> "Butch, you sure ----ed me up on that algebra assignment last night."
>
> "Aw ---- Jack, you ----ed yourself, you damn old horse's ---. Just because the prof wouldn't suck up all that bull ---- you tried to hand him, don't give me that kind of ----. The prof just up and ----ed on you. That's all there is to it. He ----ed on you good. Right in your eye."
>
> "---- ----- to Prof. Blank! Why that ---- half ---sted ----sucker almost ------ed me out of a pass on the last test."
>
> Another boy diverted this trend of conversation by claiming he got a piece of ---- from the colored woman who washed dishes at the Greek's hot dog stand, boasting that it was plenty good ----, and cost only fifty cents.
>
> "---- on that old black ----." Butch commented disparagingly, "If you put a croker sack over her head I might give two bits for it." Thoughtfully he added, "Nigger ---- -----s too bad for me. You can have my share of that -----y stuff!"
>
> Butch had been raising his .22 rifle to his shoulder from time to time as he talked, idly glancing down the sights as he aimed it at distant objects.
>
> "Lemme see your gun a minute," Jack asked, impatiently stretching out his hand. When Butch signified refusal by silently shifting the rifle out of reach, Jack expressed mild vexation: "Well, stick the goddamned thing up your ---."
>
> Bill, another one of the group, caught up the momentarily abandoned subject. "Some fellows say nigger women got the best damn ----- in the world. I admit a lot of ----- niggers do smell pretty bad; but it's like this . . . . . ." Bill referred to an ingenious method learned from his older cousin, now a grown man at college. The boy had overheard him and another man discussing their exploits of miscegenation. Bill had not yet had an opportunity to try the technique personally

but this he did not disclose. It involved the use of an old towel (a hole having been cut near the middle) and offered advantages worth knowing about. He went on to explain how you could, in this way, "--- it to 'em" with no bodily contact except that imperatively necessary, and with minimal suggestions of intimacy. Jack laughed and expressed approval of the approach described by Bill, then tilted his head toward the boy with the rifle, shouting, "Reason old Butch talks so finicky is because he can't even get up a ----! Betcha a hundred dollars if all the ---- in the world was sprawled right there in front of him that ---- ------ couldn't even raise a ----!"

"You dirty ------ --- you," Butch answered, slightly irritated, "You're talking about your-----self. Everything you say goes back on yourself." Apparently feeling this was a little lame, he added quickly, "Bet old Jack ain't ever even ---- off in his pants!"

"Maybe all he's done is just to ---- in 'em," Bill commented merrily. "Bet that's what old Butch would do if a girl had no better sense than to let him think she'd let him ---- her."

Turning now from this exchange of compliments, the boys offered bits of information and speculation about several girls with whom all had some acquaintance through classes, dancing school, or Sunday School.

"I understand Sue White's begun to put out a little ----," Bill said. "---- no!" Butch disagreed. "Sure would like to get myself a little of that ----. But Sue's a nice girl."

"Pete Green says he finger ----ed old fat ---ed Rita . . . . " Pausing a moment he continued listlessly, "Can't think of her last name. You know who I mean. Lives in the big house next to Sam Beech's uncle."

"Wouldn't be surprised," Butch agreed. "I dry ----ed her myself the second time I ever got her alone. On the other hand, you can't believe anything that damn mother ----ing --- ---- Green says," Butch added.

Feeling his enmity to Pete Green, who, a month or two ago, had made him back down with the threat of "slapping the living ----" out of him, Butch continued in unspoken thought: *Damn that Pete Green! If that ---- --- ever tries to cross me up again I'll tell him I'll ---- his ---- mother up the --- ---- with a two by four and then ---- in his ---- face! That would shut him up, maybe!* Pete had backed Bill down a few times in the past. He knew he wouldn't dare to provoke a fight by talking to Pete in any such way, but it eased his feelings a little to think about it.

"Tell you what I'd like to try," Bill admitted, after a moment of silence, "is some of that ---- Anna Blank packs. Every day in Latin class I keep thinking I'll take a shot at it

. . . but somehow with a girl like that . . . . . I just don't know . . . . . " Bill could not quite express what made him cautious. It was not only that her father and mother were rich and prominent and powerful in the community and her older brother strong enough to beat him half to death if anything, even about a try, was found out. It was more than that. Most of the girls you did these things to were sort of *from the other side of the tracks.* But by no means all of them were. You could get away with it lots of times with ones supposed to be real nice. Lots of goofy fellows still thought some of them *were* nice, Bill realized in an inexpressible wave of superiority and vague elation. Some poor damn ---- ----s would even marry them some day.

The sort of thin, ruthless exuberance that glowed in the boy screened an underlying stratum of personal insecurity probably common to all mankind and sometimes particularly disturbing at this age. He did not try to account for the triumphant feeling or to ask if it sprang chiefly from ideas of debasing the female or, perhaps even more, from the scornfully superior position he thus attained in fantasy to the other male. The hypothetical male he thus, one might say, gelded symbolically; or, to put it in the language of the group, the potential rival upon whose virility he could, witheringly, ----. For greater accuracy one would have to say that it was more than the other male's physical virility which in its abasement enhanced his own comparative status, it was the very substance of the other person's being. Thoughts of this sort did not enter Bill's consciousness but factors influenced his feelings which, if he had understood them, might have produced such thoughts. By no means given to violence in action, this boy would not have inflicted physical injury on another. In imagination, as in the comic strips, all sorts of fatalities occur without anyone really getting hurt.

Still musing on Anna, Bill continued. "She sure is built, that girl! She's built just like a brick ---- house."

Butch and Jack, who had been looking slyly at each other, gave a low whistle almost simultaneously. Then they began to interchange a sort of chuckling, half-laughter, half-teasing, and designed to provoke curiosity in their companion. After a while Bill was told how easy it was to get ---- from Anna. Each of the other boys gave a detailed account of his own experiences, including one success by Jack in the storage room at school. These experiences were quite recent and until now had not been mentioned by either Bill or Jack.

Each had, in fact, been surprised and, though this was not admitted, also shocked to discover that Anna wasn't a "nice girl."

A confused disillusionment no doubt played some part in their present emphasis on the opposite evaluation of this girl who had, rather typically, represented the "sacred" (sexless) female in their thoughts. The fear of so honoring a female who turned out to be this other sort of thing loomed as a threat to one's own manhood. The untouchable priestess, once disclosed as an impostor, must be thoroughly defiled. Thus man sometimes seeks protection from confusion through which he himself risks the defilement of personally enshrining one who will make his virility (honor) the laughing stock of the group.

Soon afterward Butch, fortified by this enlightenment, partook of Anna's favors. All of the boys found a special pleasure in talking together about their achievements. Soon a friend of these three was told about their source of pleasure, then another friend, and still another. At first each boy had gone alone, but as time passed it became more practical for several to visit Anna together. An appointment would be made by one of those interested. Anna, under the pretext of taking a walk or going to visit a friend would, without detection, make her way to a building situated on the other side of the large garden behind her house. Now used as a storehouse and garage, the building was originally a stable and its former hayloft afforded reasonable privacy. The boys, by coming from another street through a hedge back of the garage, could make their way unnoticed to the rendezvous. Safe opportunities, though fairly frequent, were limited because the chauffeur was sometimes in the garage. There were also days when the yard man worked nearby, or, rarely, Anna's brother might be there exercising with bar bells and other gymnastic equipment he kept in another part of the building. This, no doubt, was a factor in the group's choice of coming together, particularly as its membership expanded. Of even more importance, perhaps, was a specific satisfaction found by some in entering upon the venture together. The closely shared experience seemed to enhance the pleasures of club conversation when they gathered later to talk over what had happened.

After chapel in the morning it was customary for the captain of the baseball team, the chairman of the debating club, and others interested in extracurricular activities, occasionally to announce plans for meetings of their various groups. One morning, in response to a dare by other club members, Jack came forward and, in a bold voice, called out: "At the beginning of lunch hour there'll be a meeting of the *Animal Crackers* in Room 49." There was a scatter of giggling and some random speculation on the part of a few teachers, but no official inquiry about the club was made and no adult thought of any play on Anna's name or caught improper innuendos.

The existence of the club and their daughter's undesirable situation was finally brought to the attention of Anna's parents through its effect on another person.

Among the older boys who had been attracted by Anna was one who apparently turned to her in the utmost seriousness. All accessible information indicates that this boy fell in love with Anna not by a trivial attraction but with all the vividness and life-shaking stir that the first complete and genuine experience of this sort can bring to an earnest young man almost ready for college. The younger girl, suddenly having become mature in body, loomed like something never seen before upon his awareness. There is reason to believe that he was determined to marry her and resolved to be scrupulously faithful through all the years he must wait for this. There is nothing to suggest he did not seek her with strongly passionate physical desire but, apparently, his idealization of her and fear of arousing even further impulses which it would have been for him a desecration to fulfill under these conditions, caused him to treat her, if not like an untouchable goddess, at least with extraordinary restraint. Anna, it seems, behaved in such a way that he was sure she reciprocated his feelings not only in kind but also in degree.

Reports as to how he discovered the relations of Anna with the club are somewhat conflicting. It is almost impossible to believe that fortune was so unkind as to have him blunder upon an actual meeting of this group with the customary activities in progress. So it is said to have happened. At any rate, he received enlightenment in such a convincing way that the impact was sudden and trenchant.

In his immediately subsequent state, rumored to be a "nervous breakdown" at the time, his family physician, after considerable difficulty, seems to have obtained some idea of what he had experienced. Being a relative of Anna's mother and a boldly conscientious man, he felt that the situation demanded attention and disclosed something of it to her parents.

In so far as one can evaluate the complicated and seldom obvious attitudes that enter into the administration of parental authority and guidance on such an occasion, it seems that this girl's father and mother avoided the typical mistakes that might have been made. Neither attempted to conceal the humiliation and distress brought upon them by such conduct. After adequate frankness about their reaction to the conduct itself, they tried to avoid rubbing it in by moralizing reiteration. A decision was made for Anna to be sent at once to a fine boarding school in a distant state. Apparently feeling that the daughter could not fail to be critically traumatized by realizations that withered them with pain and shame, Anna's mother and father tried, as some people are able to do after losing eyesight or a first child, to accept what has happened without evasion but nevertheless turn with all resolution available to what is ahead, and not to stir what is tragic or hideous, but now past and unmodifiable. There does not seem to have been gross error in glossing over what had taken place or minimizing the possible consequences. Both parents tried to support Anna by emphasizing opportunities in the future and by their knowledge that in the process of growing up it is not uncommon for people to make mistakes that in the adult world would be fatal.

Anna's apparent reactions were such as to enable all the family to be entirely sincere in showing her their continued confidence, their respect, and their love. In choosing a fine private school with high academic standards she seemed to be showing her serious intentions about the future. Her keen interest in choosing clothes, her care in getting exactly the right sort of curtains for the dormitory room might have suggested to some almost too easy and quick a recovery from the fell blow she was thought to have suffered, but at the time this seemed instead a fit and appealing veil of insouciance that she bravely, if not almost heroically, pulled about her to conceal with stoic and patrician grace the terrible trauma her spirit had sustained. Even in the short period of time before she left for the East, Anna's outwardly blithe air when she joked and laughed with friends who came by (her ability to seem blandly preoccupied in getting the new jazz records and those popular dancing slippers that the shop was expecting any day now) provoked fleeting but ominous thoughts in the family that such poise, considering the full circumstances, might be a little excessive.

Excellent reports on Anna came for several months from the distant school. She was doing well in her studies and already she had won a place on the swimming team. She seemed also to have found herself almost at once in the warm affection of teachers and students. One teacher, in a letter to her mother spoke of Anna's "unusual promise in English" and of her "surprising maturity of outlook." Anna's own letters, though few, were warm with expressions of devotion that seemed to follow the inimitable idiom of sincerity.

In these letters she sometimes mentioned her conviction that she knew of no way to express her gratitude except to show by her own conduct that she did deserve the trust her mother and father had shown in her and the support of their love and understanding. No happiness would mean more than that she would find in making them feel they could be proud of her again.

Such letters were building up in these parents an encouragement they sorely needed and offering (as an anodyne for their anguish and humiliation) increasing hope that as parents they had not, perhaps, failed their daughter utterly. Meanwhile, reports began to come from the school which seriously disquieted them.

Anna had apparently broken a number of rules, most of them involving minor issues, it is true. She had twice been caught smoking with several other girls; she had four times stayed out considerably beyond hours; she had cut several classes; she had spoken disrespectfully to a teacher. But, after all, such misdemeanors often indicate a healthy sort of growing up and they were anxious to avoid forcing Anna into a rigid or pharasiacal propriety as compensation for her terrible error.

When a final decision was reached that Anna could not be kept at school, a good many more serious symptoms had come to light. Several petty thieveries (at first assumed to be absent-minded borrowings), flagrant but ingenious cheating in laboratory work, calm lies about matters that were accepted as points of honor; all of this added up to make her expulsion imperative.

At the half dozen or more subsequent schools attended by Anna she often seemed to have changed, and for varying periods her family's hope was high. Her behavior at each place fell into similar but not identical patterns. Like the persisting theme in a complicated work of music, her actions took diverse courses but came always to an identical point, which for her was failure. A Brahms concerto may spread and range, with woodwinds at one phase carrying the movement and, a little later, the violins manifesting something of another sort or the piano (as if in reply to the orchestra) weaving a fresh subject into the manifold skein: so through her history appeared episodes of variety and genuine novelty, all contributing to a design of impressive versatility but leading to an inevitable conclusion.

Once or twice Anna completed the entire year, but nearly always each new institution found itself unable to handle her after a few months. Sometimes she worked steadily during the summer and easily completed courses she had missed in her numerous shiftings about. Perhaps on the basis of an excellent performance on the entrance examination, she gained admission to a distinguished college for women and, after being expelled, briefly attended a smaller college and two state universities. On other occasions she undertook training in business school, in hospitals (nursing, x-ray technician, etc.) and welfare work. She often expressed spontaneously a lively interest in this or that career and worked out her plans with good judgment, but, after widely varying periods during which she applied herself, she regularly ended by quitting voluntarily or being dismissed.

When Anna sought some new job with which to occupy herself or to enter some course of training, she seemed to have no hesitation in giving as references those who had no choice except to describe her as entirely unreliable and unfit for what she planned. Sometimes the reason for her failures seemed not to lie so much in antisocial or spectacularly improper acts but in other maladaptation. A few excerpts from a letter follow:

> "Mrs. Anna ——— has requested that we write you in regard to her work as a student in our School for Roentgenological Technicians . . . . Because of her irregularity in attendance she lacked fourteen weeks of the period required in our course . . . . It was necessary to admonish this student on several occasions because of her poor work . . . . She repeatedly made mistakes, the seriousness of which seemed not to concern her in the least . . . . Similar complaints were handed in against her by several instructors. The mistakes were never made through lack of intelligence . . . but apparently from disregard of consequences or some type of distraction . . . . She was put on probation, twice for avoidable and grave mistakes, and once for her attendance record . . . . On being threatened with dismissal because of her apparent disinterest, she, for a while, regularly demonstrated her fine ability, [etc.] . . . . This student, we are compelled to say, was a definitely dangerous worker to have around roentgen-

> ological apparatus. It became necessary to watch her carefully. She could not be trusted to carry out things on her own responsibility . . . . When told of her failings, she always showed amazement and disbelief that she could possibly be doing anything wrong. She appeared to be sincere in such reactions . . . . I find it impossible to recommend this person for work along these lines . . . . I am convinced that her performance would be detrimental to the profession or to any group for which she might work . . . . We regret that it is necessary to submit so unfavorable a report . . . . This letter is written in response to her request . . . . "

Among the almost limitless accumulation of incidents that loom in a retrospective glance at her career, only a few can be given here, and these in the utmost brevity.

From one prep school she was dismissed while standing high in her classes after it was proved she had placed a half dozen or more rubber condoms so that these useful items would become unmistakably evident when several couples seated themselves on the two sofas that flanked the fireplace. Here, almost directly under chaperoning eyes, the younger pupils not yet given permission to go out with their boy friends had circumspect dates on certain evenings. No sudden scurrying of mice could have evoked more hearty squeals or such quick and explosive male laughter than the magic-like appearance of these unmistakable objects, some neatly rolled, others generously stuffed. Had only one, or perhaps even two of the condoms emerged inconspicously into view as the sofa cushions shifted with the seating of the couples, it might have been possible for an alert girl, or perhaps even for one of the self-conscious and preoccupied boys, to cover it and hide it away before general attention was aroused.

Anna, it seems, had given some thought to this. Perhaps with time and retelling some exaggeration has colored the event. It is said that a rubber band was set to snap one condom boldly forth and that others were placed so they would slip down from under the knitted antimacassars. At any rate, Anna had made certain of a conspicuous display. Struck almost witless by the magic appearance of such an object in her lap (whence it had dropped from the top of the sofa), one girl released the initial squeal. Such uproar ensued automatically that hastening chaperones missed little of the scene.

On numerous occasions Anna made difficulties for herself by driving off in cars that belonged to teachers or other school employees. Only once, or possibly twice, during her teens does it appear she had serious intentions of stealing the car for permanent possession. On the other hand, there were periods when she frequently stole underwear, stockings, and ornaments (usually inexpensive costume pieces or club pins) from other students and even from those in authority.

For a time, while at the university, she fell into the sporadic practice of relieving her dates of small amounts of cash she discovered in their pockets during heavy petting. Under such circumstances she also, but more rarely, took a pocket knife or a bunch of keys. At one finishing school where personal dignity among the faculty was emphasized, she is said to have lost her place as a student by neatly lettering on the door to the office of the Latin instructress a conscise advertisement:

HOT P——— AVAILABLE HERE—CHEAP!

After making good grades in a well-known college and having been in no serious trouble for several months, she began lying in bed too late to attend her early classes. Interviews with the college physician, and eventually with a psychiatrist, followed. After several warnings and probationary measures, and just in time to avoid expulsion, she began to attend all classes again.

During an interval in which she had no further trouble with the faculty Anna alienated and outraged several girls in the dormitory with whom she had been very friendly. After a few bottles of beer which the group had shared, she entered the rooms occupied by two of these friends and, in their absence, urinated on several evening dresses which they highly valued. (After the act she refolded the dresses neatly and put them back, sodden and malodorous, in the drawers.) It was a number of days before evidence emerged that unmistakably connected Anna with this deed.

Observations which in themselves, though highly suggestive, did not constitute final proof were, for a while, withheld by those who could not bring themselves to believe Anna capable of such behavior. She easily denied such a possibility to several who spoke with her separately in the hope of finding facts that would exonerate her. She also fabricated evidence to establish her innocence so calmly and so freely that it carried almost axiomatic conviction. On being confronted with plain proof from several sources, she was able to smile off the affair and dismiss it as a whimsical prank. Some felt it was their responsibility as a group to report this incident, but so much was brought out in Anna's behalf that all finally agreed to let the affair go no further.

Merely tabulating these and many other details of Anna's behavior tends to suggest rather easily formulated motivations. With a more complete story these appear less likely. If a good many of the stealing incidents are isolated, some would no doubt be inclined to interpret them as ordinary compulsive reactions. On the other hand, personal contact with her does not give the impression of an underlying anxiety or of any strong drive against which she struggles or which she would like to reject. In addition to taking things for which she has little or no need (and which might symbolize some ordinary unconscious aim), she also steals in response to a real though mild desire to possess, or for convenience.* With a more inclusive view of her activities the thefts become more difficult to account for satisfactorily by the specific and familiar theories of compulsion. They, like so many of her other symptoms, seem part of a different and far less circumscribed psychopathology.

Concentrating on the long record of her outlandish sexual promiscuity (some of which will soon be given), the most naive observer would perhaps think of "nymphomania" or at least of very powerful erotic drives. Others might surmise that she is and has always been a genitally frigid (or partially frigid) woman who finds stimulation but never orgasm (or only a clitoral response) and who is driven more or less consciously to all sorts of indiscretions in a never-ending quest. Neither of these hypotheses seems to account for Anna's behavior when one becomes familiar with more evidence pertaining to her inner experiences.

Any one's real inner experience is, of course, difficult to arrive at even by conjecture and perhaps impossible to establish by proof. In a person so accomplished in devising falsehoods on any subject, and in making them so convincing, Anna's own statements can hardly be taken as necessarily true. There seems, indeed, but one way (and this one obviously not permissible) to discover directly a lady's physical reactions to intercourse; and even then she can, it is said by some, often be misleading if she so wishes. Despite these difficulties, a rather convincing impression emerges that Anna's sexual problem is very different and far more complicated that what has just been mentioned.

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* See pages 284 to 285 for further discussion of these points, particularly of the contrast between "compulsive" and "impulsive" symptoms.

It seems likely that she has frequently experienced the physiologic reactions of orgasm but that these reactions have been a minor factor in her behavior pattern. Sometimes, while having technically satisfactory relations with a husband, she would continue intercourse with other men who, it seems, failed entirely to arouse or to gratify her in the usual sense. As a matter of fact, while living with the husband who, more regularly than any other man she can recall, made her "respond," she initiated and continued relations with several other men. From some of these she neither particularly wanted nor ever received pleasure that could be called sensual or romantic.

Though such conclusions are necessarily speculative (as they are, indeed, about any patient) and not scientifically verifiable, it seems most probable that this woman has somewhat less than ordinary conscious sexual motivation and that the most significant feature of her sexual experience is that, despite frequent mechanical responses, it has meant so little to her. The localized sensory reaction has not been greatly valued nor has it seemed to play a dominant role in directing her conduct. Anatomical intimacy with man has never been associated with interpersonal relations of any consequence or duration. Important as this fact may be (granting that our estimate is in some measure correct), it still does not offer a circumscribed area in which a final explanation for Anna's career can be readily drawn. In every other aspect of social experience also this woman has similarly failed to develop any sort of relation with another human being that seemed to have much meaning for her or, to put it another way, that could influence her to any consistent, obviously purposive behavior.

It is true indeed that this casual or "cheap" use of physical sexuality is often found to be a confused sort of vengeful or self-destructive response to hurt and rejection, or to faulty essential concepts of "male" and "female."[144] As the pattern is followed, evidence often emerges to indicate that such behavior may represent (with varying degrees of awareness in the subject) a "throwing of oneself away." It may at the same time return a hurt and symbolize a protest too profound and too complicated for words.* There is much in the detailed substance of Anna's history (which has been closely followed through many viewpoints) that strongly suggests such an explanation not only of her sexual behavior but of her general self-destructiveness (at social and personal levels). In some cases one can readily get evidence of underlying situations to which the patient's reactions seem truly related. In Anna's case adequate evidence has not emerged to account for a "dynamic" causal basis of her life pattern and its motivation.

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* See pages 300 to 315.

I do not conclude from this failure on my part and on the part of others that Anna's disorder has no meaning or that the complete explanation of it must lie in deficiencies or distortions necessarily inborn. On the contrary, I believe it is more likely that influences similar to those mentioned elsewhere contributed strongly to her behavior patterns.* It is my opinion that we fail so often to find good evidence of the dynamics in this sort of psychopathology because the disorder has, one might say, so devastated the apparatus that it does not adequately furnish us (consciously or unconsciously) the information we need. In an anxiety state following unusual battle stress causal factors (some, if not all) are readily demonstrable. In one patient with conversion symptoms we can not only surmise that her "heart belong to Daddy," or that, far within, another is blocked in his mature erotic aims by attitudes toward his mother (now ten years dead), but also we can often bring out from such patients a good deal of evidence to confirm the impression and to throw light on how it happened. It is another proposition when we deal with a "backward hebephrene" who has vegetated quietly for the last two decades and who may remain mute indefinitely.

At the age of forty Anna, during our first interview, absent-mindedly checked the preliminary information blank to indicate her status as divorced. She spontaneously changed the pencil mark to show that she was married. As a matter of fact, Anna's current marriage had lasted a good many years. It is true her husband was such in name only, but he served a practical purpose. The couple had not seen each other or otherwise communicated since shortly after the nuptials, but the legal existence of this union deterred Anna in one aspect of her behavior that had formerly given considerable trouble to her family and their attorneys.

Before her last wedding and over a long period, she had fallen into the habit of marrying on impulse apparently as trivial as what might lead another woman to buy a new hat. With one man after another she casually completed the legal ceremonies and entered into this momumental contract, the groom being now an adventurous taxi driver, now an opportunistic bar companion, or, again, a delinquent idler she encountered in her welfare work.

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* See pages 300 to 315.

The succession of divorces and the repeated financial settlements demanded by vagrants and petty rascals she had on several occasions espoused threatened the family resources. Gratifyingly (and in contrast with some other cases of similar illness), Anna's marriage series was halted by the prospect of legal bigamy.

The husbands of this series were not (or certainly not usually) men who took the bride very seriously. This cannot be said of her earlier husbands, two of whom were distinguished and wealthy men and, according to the evidence, genuinely and deeply in love with Anna. With one of these, an architect of international repute, she lived for a while in England. To him and almost simultaneously to his wayward brother Anna is said to have given gonorrhea which, as the first year of marriage drew to a close, she inadvertently picked up from a sychophantic interior decorater, a person, according to report, more active homosexually than otherwise.

I entertain some skepticism about the details of this episode. Such an extravagant and perfectly timed series of events scarcely seems possible. Though usually ready to deny anything inconsistent with chaste and honorable behavior, this patient has in other moods seemed to relish adding fanciful touches to the already spectacular reality. Her promiscuity has, however, been so lavish that coincidences unlikely to occur in a hundred other lives combined hardly seem unlikely in hers. There is little doubt that she was sufficiently unfaithful for this or something equally bizarre to have befallen the husband.

On being detected in activities that would produce fear, shame, or consternation in others, this patient often showed simple insouciance. Once at college she did so well for so long that hope returned to her family. Apparently she had found herself at last. After a succession of excellent reports, one showing failures in four subjects appeared. Anna was called on long distance telephone by her father, who wanted to lose no time in trying to find some remedy for the trouble.

Her easy, happy laughter relieved him deeply, even before she had time to go on and explain the mistake that had been made in the dean's office. She had just heard of it but had not realized the rather comical error had been transmitted to any report that reached him and her mother. Actually she had not realized it was quite time for these reports to be mailed out. She had been, you see, pretty busy—but mighty happy, too. Warmed within and deeply reassured, he left the telephone completely at ease.

Within a few days, sure enough, there came official acknowledgment of the mistake. The grades of another girl had been confused with those of his daughter. The true report was even better than those excellent ones that had been coming regularly now for months. The dean's signed name and the official school paper and forms would have dispelled any suspicions of fraud had suspicions arisen. Anna's tone and manner when she spoke over the telephone were such, however, that no doubt at all seemed justified.

Soon truly disturbing information came from the school. Not only was Anna failing dismally in all studies but serious misconduct had brought the question of her expulsion to a crucial point. Wiring his daughter that he was taking the first train, the father also instructed her to make appointments for him with the college authorities.

On arriving he found that no appointments had been made. He was entirely unexpected. He was surprised, furthermore, to find that Anna had left for the week end, after convincing the house mother that she had parental permission to visit an imaginary aunt. Apparently she typed letters and forged signatures to bring off this deception with cleverness comparable to that employed in getting the school stationery and report forms and successfully utilizing these to send back the false reports to her family.

On her return after the week end she seemed surprised to find her father still there and at first expressed vexation with him. He never learned just what misadventures befell his daughter, who had apparently roamed about in a large city nearby. She took all the discussion of her recent acts with equanimity, apologized for her mistakes, and admitted that it was quite inexpedient to bring off such deceptions when it was apparent to her they would certainly and promptly be discovered. She said she did not know precisely why she had acted in such a plainly injudicious way, but she never seemed curious or really concerned about the possibility of discovering a reason for the behavior.

What would have happened to this patient had it not been for the extraordinarily ample estate of her family and for their persistent care? One can only speculate. We need not here estimate how many times she was released from jails in widely scattered cities by their efforts, how many times she was hospitalized, how many beginnings with psychotherapy were made by various experts. It is interesting to note that Anna, like so many whose conduct closely resembles her in other respects, seems never to have committed a major felony or tried to do serious physical injury to another.

It is true that she was badly beaten up in some sort of night spot brawl in St. Louis. Several of her ribs were on this occasion fractured, a lung punctured, and her brother, who flew to her aid from Baltimore, thought at first her injuries would prove fatal. Though occasionally, when drinking, she has taken an active part in slapping or hair-pulling incidents, she has shown little inclination to attack. In similar episodes she rarely initiated gross vocal disputes or was vulgarly aggressive with words. Calmness seemed more characteristic of her than high temper, though it is recorded that in her teens she was expelled from one academy for publicly telling off a school authority in a speech vehemently and versatilely obscene and closing with references anything but flattering to the state of his "third leg."

Many of these incidents which in isolation appear spectacular occurred while Anna passed in the community as a reliable, conforming, and extraordinarily attractive woman. Much of the time she seemed poised, polite, and a paragon of happy behavior. For a while during her early twenties she taught a Sunday School class. Her teachings were ethically admirable and she gave a strong impression of sincerity. She often worked for a month or more at a time, efficiently and with what seemed pleasure, at the Red Cross and in other welfare activities. Most who knew her casually in these endeavors would have been genuinely astonished to learn that she had any serious personality problem.

Once while hospitalized for a week or ten days she left the almost universal impression of being a delightful patient. Courteous, composed, undemanding, and cheerful, she took discomforts and minor pains in a way that elicited admiration. During this brief period, in which a benign nodule was surgically removed from her breast, she casually accepted cunnilingual attentions from a female attendant (apparently a true Lesbian) and also sought to entice an interne. In these enticements she went so far as to get the fly of his trousers open before accepting his determination to refrain.

Occasionally during her early thirties, but also a few times since, Anna had engaged in a pastime known in some circles as *gang-banging*. There were minor variations of procedure. Usually drinks with five or six men, whom she might pick up in one of the less inviting honkytonks or frolic spots about town, constituted the first phase. Later the group rode out into the country and all her companions had sexual relations with her, each taking his turn. On such an exploit argument once arose about whether or not she had stolen a cigarette lighter belonging to an escort, and the group, uniting against her, threw Anna in a creek and then drove off, leaving her to walk home.

This patient spent a good deal of time reading. In contrast to many psychopaths who readily claim all sorts of entirely imaginary learning, she showed considerable familiarity with literature of many sorts. She seemed to read Shakespearean plays, the major Russian novels, pulp magazines, and comic books with about the same degree of interest. Her factual knowledge about what she had read seemed good, though it must be admitted she often falsified with assurance when questions led her into unknown areas.

She played complicated music on the piano with fine technical skill and spent a good deal of time doing so. She had an accurate acquaintance with current scales of intellectual and esthetic fashion and could probably have avoided offense even to the most snide of editors of the most *avant-garde* of little magazines. How she reacted to such matters in the innermost and final chambers of her being can only be surmised. My impression is that *King Lear* and *Amazing Confessions* elicited responses in no fundamental way different.

There is little I can offer in explanation for the biologic enigma I trust is apparent. Despite abundant time to approach the patient directly, unusually rich detail furnished by others, and even the rare chance of treating psychiatrically more than one other upon whose life her own had impinged traumatically (and, so it would almost seem, of seeing her through more than one set of eyes), despite all this, I cannot reveal the forces that patterned her. I have opinions, but opinions are not facts.

Without claiming there is anything demonstrable or profoundly explanatory in such an appraisal, I would give these impressions. It is unlikely that she experienced (in what can reasonably be called ordinary awareness) much of the emotion that we associate with the various deeds she has carried out. In both quantity and quality her emotions, I believe, have regularly fallen short of the affect we almost automatically assume must prompt, accompany, or follow such actions as hers. I will not say that Anna never loved or hated or suffered. I think there was a time when she probably did all of these precociously and beyond ordinary degree. All that, however, is beyond an iron curtain. On this side of the curtain

Anna, though she had vexations and minor satisfactions, though she could at times get mad and could be a little fond of people, never really seems to have meant much harm to others or to herself.

One of the physicians who had often treated her expressed his bewilderment about how real seemed her disregard of what was obvious, how strangely she escaped the subjective consequences of her experiences. Taking a phrase from the Russian novel about prostitution, *Yama,* to embody his reaction, he said, "All the horror is in just this—that there is no horror."[126]

A thoughtful and now elderly member of her family whose advice her parents and one of her early husbands had often sought was particularly impressed with what he described as an unbelievable but somehow authentic innocence that Anna never seemed to lose. Experiences which would harden an ordinary person conspicuously or insure a conscious cynicism, mordant and profound, seem to fall lightly on her spirit, to leave her surprisingly serene. The person just mentioned, after more than two decades of concern with her problems, finds even more surprising than all the unfortunate acts combined, Anna's thoughtless assumption that she is to be trusted in all matters, that her behavior has been essentially honorable and ladylike, and the fact that her self-respect is apparently bright and unblemished.

Seeking to give his impression of this strange equanimity, of these paradoxical attributes of innocence, he once quoted:

> "She hath wasted with fire thine high places,
>   She hath hidden and marred and made sad
> The fair limbs of the Loves, the fair faces
>   Of gods that were goodly and glad.
> She slays, and her hands are not bloody;
>   She moves as a moon in the wane,
> White-robed, and thy raiment is ruddy,
>   Our Lady of Pain."*

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* Swinburne, A. C. (Dolores): Selected Poems of Algernon Charles Swineburne, Dodd, Mead, and Company, Inc., New York, 1928.

Chapter 13

JACK

MY prolonged acquaintance with our next subject began on the occasion of his return for a fourth period of hospitalization. He was accompanied by the sheriff who had brought him from jail in Winston-Salem, N. C. He was affable and courteous, entirely rational in his conversation. Though rather carelessly dressed, he made an imposing figure of a man, six feet, three inches in height, 210 pounds in weight, red haired, blue eyed, with a quick, humorous glance and a disarming smile. Though forty-five years old, he appeared to be in the early thirties. His body retained good athletic lines, and he sat or stood with an easy poise.

Jack gave no impression of evasiveness, but, on the contrary, seemed rich in understanding, serious in his desire to be helped. He admitted that he had been a periodic drinker for many years, stating that he worried about his life and drank to forget; he described fleeting alcoholic hallucinations which he said he had occasionally experienced. "I once thought there was a six-foot porpoise in bed with me all night. I have seen a little man no bigger than your finger standing at the window talking to me. One night cats came with heads like lions, also lions with heads like cats." He was perfectly aware that these manifestations were unreal and attributed them to the effects of alcohol, expressing amusement at their absurdity.

As a matter of fact, it is doubtful if these hallucinatory experiences were real. After knowing him better it seemed likely to me that he had made up these stories, thinking they would help him gain admittance to the hospital. Any difficulties aside from that of merely drinking excessively he denied, emphatically but good-humoredly dismissing all such questions as obviously inapplicable to a man like himself.

He is a man from an urban community, of a family, though not particularly distinguished or wealthy, generally regarded as gentlefolk. The details of his childhood are not known except from his own account. He got along satisfactorily in his studies, completed high school, and decided not to go to college but began to work.

He first obtained a minor position in a book store, changed to various other clerical employments, and then took up engineering. He had begun to drink a little when seventeen years old but, according to his own report, did not go on serious sprees until in his early twenties.

Though Jack changed about rapidly and lost many positions, he apparently found it rather easy to succeed, once earning a large income as assistant city engineer. Evidently he had at this stage already begun to cause trouble. His relatives, most of whom had much less income than the patient, were called upon frequently to pay him out of debt, to exert influence on his employers, and occasionally to get him out of jail. His work was sporadic and frequently interrupted by protracted bouts of drinking or by sudden trips to other towns during which he lost large sums gambling, ran up debts buying things for which he had little use, borrowed heavily from old friends, now and then forged or otherwise defrauded, and often fell into the hands of the police. His confident, reassuring manner and his easy way with people went far to make up for his lack of reliability or any serious, sustained interest in his work.

His relations with women have always been casual. He had frequent sexual experiences but failed to develop any lasting attachment. He contracted syphilis in the early twenties, received intensive treatment, and was apparently cured. During the war he was promoted to the rank of sergeant and had the misfortune to contract gonorrhea.

Though genial, talkative, and a splendid mixer when sober, he did not choose to do his drinking in convivial surroundings. Whether he started alone or with others he would, on occasions, continue to drink day after day, keeping himself in a sodden, maudlin, or highly irritable state, more or less barricaded in some cheap hotel room or brothel until succored by his friends or relatives or arrested as a nuisance by the police. Sometimes, after being primed with a few drinks, he would hire a Negro boy to drive him out into the country where, having brought along a supply of raw corn whiskey, he would alternately drink in sullen fits or lie snoring and semi-stuporous among the weeds. His stock being at last exhausted, the boy would faithfully bring him in to town and throw him on the mercy of hard-taxed friends or relatives.

One can but imagine the young Negro as he would sit hour after hour, sometimes day after day, in solemn attendance on his *white gentleman,* watching the latter crash stumbling about the bushes, lie semicomatose, breathing stertorously in the underbrush, or come lurching again up to the automobile muttering a demand for more liquor. One can see the naive face remotely amused but never entirely free from awe and wonder as he listens to his temporary employer blubbering and raving in meaningless syllables of despair or waking echoes from lonely pinelands with his inane curses. What can he make of this nonsensical melodrama in which he is called on to play his inconspicuous but necessary part? He has been taught that the white man is *boss* and that his ways are marked out by wisdom. The white man has money and influential friends and seems to be free from penalty for his folly. Yet this young and inexperienced Negro is humorous. Though mystified as we all are by these happenings, he cannot but smile as he contemplates the ways of this world.

As years went on, this man's conduct became worse. No matter how hard Jack's relatives worked to obtain positions for him, he lost them within a week or ten days, sometimes through drinking, sometimes through simple, gross neglect without the benefit of drink. Other jobs he lost by haughtily dressing down an employer, by overcharging customers and pocketing the gain, by engaging in petty rackets and illegal schemes to defraud, or by various additional misdemeanors and delinquencies.

He was sent several times to take whiskey cures at various private sanitoriums, and was also hospitalized for short periods in psychiatric institutions and once at a state mental hospital. He was always found "sane and competent" and discharged after a short period.

He became, in time, an all but unbearable burden on the other members of his family. The oldest brother, vice-president of a local bank, another brother successful in business, a married sister in good circumstances, and another sister unmarried but financially independent and prominent in club work, all strove to their utmost to help him. The task of supporting him was but a small part of their problem. If kept in the house by any of his family, he persisted in his overbearing, riotous ways, proved unmanageable, and disorganized the entire household. Sometimes he took silver or other valuable objects belonging to a sister or a brother and pawned or sold them. He seemed unable to feel that there was need to make restitution. If he boarded outside, he shortly fell into the hands of the police, usually after incurring debts and behaving in such a way as to involve all concerned with him in great embarrassment and difficulty.

During observation at the hospital he was always alert and polite, free from any suggestion of delusions or hallucinations. He impressed his examiners as being very open and frank. He admitted that he had never realized the seriousness of his problems until recently. He took a lively interest in his surroundings, showed excellent reasoning power at all times. and seemed eager to take advantage of his treatment in the hospital in order to gain a fresh outlook with the earnest intention of leading a happier and more successful life in the future. His memory was excellent; he was nearly always in good spirits, energetic, affable, and fond of company. The blood Wassermann was negative; also a spinal fluid Wassermann and colloidal gold test. Neurologic and psychiatric examinations were entirely negative. The medical staff, after six weeks of study, considered him sane and competent, granted him parole of the grounds, and recommended discharge after a short time.

Jack remained on parole for about two months without getting into serious difficulty. His family, citing his long record of maladjustment, asked that he be kept in the hospital until the staff was sure he had become normal. He began at this stage to grow impatient about leaving, insisting that he was now able to go out and live a satisfactory life and that there was no reason for him to be kept longer. Indeed, on the basis of his appearance then one would have been at a loss to find even the flimsiest excuse for holding him.

After considerable correspondence his relatives agreed to his returning home. In the meantime, they had been busy removing obstacles that might lie in the way of his readjustment. A good position had been found, one offering easy hours, congenial work, an excellent salary, and opportunity for advancement. Attractive quarters were being prepared where he could live under the supervision of his relatives until he got established. His brothers and sisters all showed themselves not only eager to help him but extraordinarily aware of subtle subjective difficulties that lay ahead and always tactful to spare him the humiliation that one would think inevitable in his situation. They were as anxious not to embarrass him and to avoid any appearnace of meddling as to give encouragement and support. One could not but feel that his future offered a maximum of security against all the factors that lead men to fail.

These encouraging developments were explained to the patient. He admitted himself pleased but his manner did not imply feelings proportionate to his good fortune. In fact, he seemed to take things somewhat as a matter of course. His restless impatience to go out at once was not assuaged by preparations for him to leave within seventy-two hours. The money to pay for his transportation had already been received and he knew this. He pressed his demand to leave at once although he knew that the brief delay was requested by his relatives in order to prepare things to his own advantage. On being told that he could not leave immediately he insisted on having a pass to go into town for a few hours, stating that he had to buy a hat, some shoes, and a few other things before going home.

One would scarcely suspect that a man considered sane and plainly of superior intelligence would be in danger of doing anything at this stage of events to interfere with the plans devised for his rehabilitation. His physician, nevertheless, had a long talk with him, reviewing his history, trying to exert a helpful influence, to focus his attention on possible dangers, and to review with him his plans and resolutions.

Superficially Jack did not appear to need help. Laughing, he stated that he would scarcely be such a fool as to throw away the freedom that now awaited him after all these months of unhappy confinement. He knew perfectly well why it had been necessary for him to come to the hospital. He said he realized clearly that if he took a drink his family would not take him back, that it would be necessary for him to begin all over again the weary, distasteful life on closed wards among "insane" men. With quick reassurances he stated that he did not even feel an inclination to drink but admitted that he knew, from his former experiences, if he took even one he might take too much. He had learned his lesson, he said, smiling confidently. The impression of excellent insight, of a steadfast determination to avoid any setback in his new career, was perfect. A little too perfect perhaps. His own confidence in himself was too quick, too easy, and too sure. He gave all the right answers with a glibness that, had he not been so polite, might have suggested a slight impatience. He used all the words that a man would use who understood and appreciated the miserable folly that lay behind him and meant to have done with it.

He was given a pass and left the hospital smiling, well dressed, his head high with confidence, his firm promise to return after a few hours given in ringing tones of conviction. Nothing further was heard from him until the next morning when, behind bars at the police barracks, he regained his wits sufficiently to identify himself. A policeman, during night rounds, attracted by his hoarse groans, had come upon him floundering among rubbish and weeds in the mire of a canal bank in a squalid neighborhood. Though blubbering and abusive, he offered no definite resistance and was led off in slovenly shame, his new clothes torn by brambles, tin cans, and broken glass, stained with mud and urine.

He was returned to the hospital, and after sobering up could give no plausible explanation for his conduct. He did not appear to feel that one was needed. He showed no indication of blaming himself and far less disappointment than one would have expected. His tendency now was to hold others responsible for his failure. He insisted that he had only taken a little beer and explained that he took it because the doctor in charge of his case had promised to send him home but failed to do so.

This disheartening escapade naturally interrupted the plans for his going home and he was put back on a closed ward. His family, however, soon decided to try him again and within two weeks asked for his release, stating that the position for him was still available.

In order to prevent any further complications the patient was put on the train by an attendant. He arrived at home with a pungent odor of cheap whiskey on his breath and strongly under the influence of alcohol but still able to walk. For several weeks his family busied themselves to keep him sober, at work, and away from crap games, from expeditions to sell mill workers nonexistent insurance, and from glib attempts to float loans with his father's business associates, etc. He ignored their efforts.

Among many other unacceptable items of conduct are recorded these: driving off in his brother's car and not returning it for three days, becoming involved in a scheme to dispose of stolen goods, participating in an illegal game of chance know as "the numbers," by which many Negroes were defrauded of small sums. From time to time Jack would drink himself into the familiar state of maudlin stupefaction and lie around disheveled, inert, and apparently quite miserable.

On being returned to the hospital he dismissed his failure with nonchalance, smiled cavalierly, and admitted, "I just fell off the wagon." This was his attitude long after all effects of intoxication had subsided.

He remained on a closed ward for a month, never showing the slightest indication of any recognized mental disorder. He was at this period somewhat fault-finding and wanted many small attentions. This was, however, entirely in keeping with his natural dissatisfaction with confinement. While going out with a group to the dining hall one evening, he escaped. Instead of making any serious or intelligent effort to get beyond reach of the hospital, he went to a disreputable roadhouse nearby and promptly became so obstreperously vocal and conspicuously offensive that he was located and brought back to the hospital by attendants.

After being successfully kept on a closed ward for six more weeks, he again escaped by opening a door with a key he had stolen from an attendant. Two days later he was taken up by the sheriff in a nearby village, dirty, disheveled, and miserable, after an inane spree.

He was now placed on a closely supervised ward to prevent him from escaping again and repeating these adventures. Here he was surrounded by extremely psychotic patients, many of whom were disturbed most of the time, babbling unintelligible nonsense and waving at the empty air, and all of whom he, of course, found vividly unsuitable as company. Obviously he did not belong in such surroundings, but it was difficult to find any other way to keep him in the hospital. After several weeks, in order to make his situation a little less unpleasant, he was allowed to go out on the lawn in front of the ward for short periods. His physician hoped that his recent unhappy experience might have taught him to handle himself a little more judiciously. This proved, however, to be false, for he again violated his parole by leaving the hospital and indulging in all sorts of nonsensical behavior typical of that already mentioned. This led him promptly into the hands of the police.

His subsequent history is the same. Each time he is confined on a closed ward among delusional, hallucinated patients, or those deteriorated to a "vegetative" level of existence, his physician, struck with the incongruity, hopes that he will be able to take more responsibility upon himself and, encouraged by his completely rational external aspect and conversation, not to speak of his reassuring promises to abide by the rules, gives him a little freedom. Sometimes he gets along well for a few weeks, perhaps for a month or more, but always he ends up throwing away what has been gained, violating his parole, and soon becoming involved in activities that demand the loss of his liberty.

Every possible effort is made to keep him in pleasant surroundings and on wards where patients are in relatively good mental condition, but he makes this difficult by his repeated violation of all agreements.

When last heard from he was, after a long period of confinement, out again on parole and for several weeks had conformed to rules. He is energetic, quick-witted, alert, and jovial. No one on talking with him would ever think that it had been necessary to keep him on closed wards among psychotic people.

How long Jack will last in this status no one can say. I have little hope that it will be long and no hope at all that he will be able to leave the hospital and lead a normal life outside.

Chapter 14

CHESTER

ON his first admission to the closed ward of a psychiatric hospital, Chester W., twenty-four years of age, was friendly and alert. Immediately one noticed his freedom from anything that would suggest an ordinary psychosis. He explained to the examiner that he did not suffer from any nervous or mental disorder and emphasized the statement that no question of such a condition had ever come up in his case. He said that he came to the hospital for further examination of a serious injury to his ankle which he sustained while in the army and for which he hoped to get a pension.

When told frankly that, according to accompanying reports, he had been admitted because of persistent antisocial and irresponsible behavior, spectacular alcoholic episodes, and extreme maladjustment, he affected considerable surprise and insisted that some mistake had been made. His surprise, in fact, seemed real.

It was pointed out to him that unquestionable evidence from his parents, relatives, and friends, as well as from a social service report, established the fact that he had been stealing, defrauding others, making a boisterous nuisance of himself when drunk, etc., since he was sixteen years old.

It was brought to his attention that he had been expelled from a military school for gross and inveterate misconduct, had been confined in jail a dozen times recently for similar reasons, and had been supported and protected by his father, who spent a good part of his time getting this son out of the troubles which he made for himself and others almost daily. The patient appeared as if very much astonished at such reports, denied everything, and, in a convincing fashion, dismissed the question of all personal difficulties and maladjustment as little short of preposterous.

After careful observation in the hospital for a month, no evidence of delusions, hallucinations, or any other sign of what is regarded as a psychosis could be discovered. Chester was presented before a medical staff of ten psychiatrists who unanimously considered him sane and competent and made the diagnosis of psychopathic personality. He was kept in the hospital on pretexts and out of common sense because of his long history of extreme maladjustment.

He was at all times alert and usually cooperative, reacted with a very natural dislike to being on a closed ward, and continually asked for a discharge, insisting that he was entirely sane and improperly hospitalized.

On being granted parole of the grounds, he promptly left without permission and went home. At the insistence of his father he was granted a furlough status. Within a few days he had insolently suggested sexual intercourse to a respectable matron, committed several inconsequential thefts, and sold for $1.25 a good rug taken from his parents' home. After having a few drinks, he is reported to have spit on, or at, the foot of a great-uncle who encountered him on the street and engaged him in conversation. Later that afternoon he talked eloquently to a half dozen or so bystanders in the park about patriotism, honor, God, and the true meaning of morality.

Meanwhile, he had cashed several small checks on a nonexistent bank account and, posing as the emissary of a respected cousin (whose husband was cashier in a local bank), obtained $15.00 which he convinced an old friend of the family was needed to settle a small obligation that had arisen after banking hours.

When drinking, he usually became rowdy. He made no effort whatsoever to find employment and roamed about the town or countryside, often sleeping in the woods and fields. His father and brothers had no choice but to seek him out in the byways and hedges and bring him in, often laboring strenuously at this task far into the night. When found, he was often dirty, disheveled, and alone. Toward his family he was sullen and carping, his reactions those of petty irritation. He complained constantly that his father meddled with him and at times ascribed all his troubles to this interference. Finding it impossible to supervise such a person, even with the frequent assistance of local police, who obligingly locked him up in jail for a day or two during his worst episodes, the father soon sent him back to the hospital.

On arrival he was manifestly vexed and at a loss to understand his situation. "I can't see why they don't let me alone. I don't bother anybody. Why can't I go about my business like any other man," These and similar remarks he repeated many times in tones showing well the dissatisfaction that any normal man would feel on being, without cause or reason, deprived of his liberty.

Before returning to the hospital, Chester had complained bitterly to his father, stating that he would kill himself rather than come. The father recognized this threat of suicide as insincere but typical of the somewhat dramatic airs often assumed by the patient. Except for past experience with such threats, it would have been natural to think desperation would be consistent with his intensely strong distaste for restraint of any sort.

He was kept now on a closed ward, where he repeatedly schemed to escape, once stealing keys from an attendant and several times fomenting plots among other patients. After two weeks he succeeded in his efforts and soon appeared at home (fifty miles from the hospital) in a magnificent state of boisterous intoxication. He continued at home in complete idleness except for some enterprising petty thefts, long speeches about the need of increased virtue in women (delivered in local pool rooms), several brawls on being caught cheating at dice games, some bold-faced begging, and numerous maneuvers to obtain money illegally, including forgery.

Despite peaceful intervals of a week or more, he continued to demonstrate an irresponsibility so utter that one is taxed to describe it. After several additional experiences in jail he was brought back to the hospital by his father, who confessed himself at his wit's end.

During psychiatric examinations the patient again denied that he had caused any trouble or done anything which would justify his being brought to the hospital. He admitted having taken a few drinks and tried to conclude some wise business deals but still insisted that he never drank much or ever behaved irresponsibly or in such a way as to cause trouble.

He glibly dismissed all the massive accumulation of detail concerning his lack of responsibility, his failure to show normal interests in life, his indifference to the serious trouble he gave relatives and friends, and the purposeless folly that had consumed all his efforts for years. The adroitness with which he denied everything and the brisk, facile manner in which he excused himself and glossed over his record made it clear that his mind was free of any seriousness whatsoever in regard to his past and of any real intention to behave more sensibly in the future. One thing only in this man impressed his examiners as having some emotional weight. This was his vivid chagrin at being confined and his persistent, restless longing to be free.

Many attempts were made to make him realize that he could stay out of the hospital only by avoiding inappropriate conduct and acts plainly damaging or embarrassing to others and by conducting himself so as not to be an unbearable burden on his family and on the community. He admitted that he did not really enjoy or have any particular reason for doing as he did, and reports substantiate this, representing him as a sullen, glum fellow in bars and pool rooms, a man without convivial gaiety or other signs of stimulation, apparently more unhappy in his efforts to celebrate than in his usual state.

I am convinced that this man obtains no delight at all from whiskey, that whatever purpose he drinks for, it is not for pleasure. Every effort was futile to make him see what was so obvious, that he had brought his troubles on himself and that only by staying sober could he retain his freedom. He absolutely refused to face any fact and slipped nimbly from reality to the world of his evasions.

A few weeks later, because of a death in his family, he was allowed to go home in custody of his father. He immediately got out of the house and slipped off to a nearby town, where he drank himself into a state of maudlin intoxication, made a nuisance of himself in several public houses, engaged in minor street brawls, and wandered cursing and muttering aimlessly through the streets until found by his relatives.

At the funeral the next day, having skillfully obtained more whiskey, Chester appeared at first poised and sober. Signs of drunkenness, however, soon appeared, and the patient proceeded to make a shocking and memorable impression. Vomiting and defecating while in the aisle of the church contributed to this effect. As an elder brother was attempting to expedite his departure with minimum conspicuousness, these momentary and incomplete reactions took place.

The father sent him back to the hospital as soon as arrangements could be made. Although the patient could not have been unaware that his father had informed the hospital of his conduct and explained the circumstances under which he returned, he said with the greatest assurance on arriving that he had voluntarily come back before expiration of his furlough, merely for the day and in order to have the furlough extended. He insisted that his conduct at home had been above reproach and demanded parole privileges until arrangements were made for him to leave the hospital. At this time he was entirely free from all effects of alcohol.

This man is the son of a rather prosperous farmer and merchant. His home is in a Southern town of 4,000 inhabitants. His father, though not highly educated, is a successful, sensible man and genuinely respected in the community. Of his three siblings, a sister is married and in good circumstances, one brother is a physician, the other a lawyer. All are successful and seem well adapted to their environment.

The patient was raised in the same environment with his sister and brothers, but from early youth, unlike the other children, he showed some signs of his present inadaptability. He learned rather easily in school and successfully completed his grades until he reached the sixth. His truancy then became so pronounced that he could not be kept in school any longer. On being sent to a strict military school, he proved intractable and was expelled after a few weeks. Though remarkably lazy and unpersevering, he showed at this time what appeared to be a slight interest and an astonishing talent in tinkering with radios. His parents, who throughout his whole life have shown exceptional patience and gone to no little expense and trouble with him, sent him to New York to study radio work. He was very eager to go and urged this plan on the family. His older brother, the physician, was a house officer in a New York hospital at the time and agreed to keep in touch with him and try to exercise any necessary supervision.

From the very beginning it became apparent that the venture was useless. The patient could not be induced to attend classes. Chester showed no interest whatsoever in his work or in anything else, lying about his room much of the time and going out alone on adventures without much purpose or content—on missions to borrow a dollar through solemn-faced fraud, or, by cheating or some sort of chicanery, to pick up a little extra change, or to beat the game by getting a free ride on the bus or the subway and, perhaps, to climax the day by slipping out of a restaurant without paying for his meal. His brother, after earnest and persistent efforts to persuade him to take advantage of his opportunities, had to give up and send him home.

Many other efforts have been made to help this young man find some place in normal life. Various positions have been found for him, but he always refuses to maintain the slightest interest in any work.

The ordinary pleasures of mankind seem to have as little charm for him as work. Though he has had sexual relations with prostitutes and other available girls, he never formed a real attachment for any. Even casual physical encounters with women claim his interest far less than sporadic bouts of solitary drunken torpor in remote cotton fields or aimless hours spent idling about uninspiring hamburger stands, pool rooms, etc. When, at twenty-two years of age, he ran off to enlist in the army, his father did not try to interfere, hoping the discipline of that life would stabilize him.

Since the incidents mentioned above, he has on several other occasions obtained parole and violated it promptly by carrying out various antisocial acts which seemed to have no definite purpose, no conceivable explanation in terms of human impulse. He has also succeeded again in escaping from closed wards. Always, on getting out, he repeats his former conduct. Sometimes he has remained cooperative for a month or more, abiding by the rules of his ward, helping attendants with their work, assisting and directing frankly psychotic patients. During such periods he would talk frequently with his physician, discussing his plans for the future, maintaining that he fully realized drinking or stealing or not taking life seriously enough, etc., was his trouble, and declaring that he would never act so unwisely again.

He appeared to be a sane, quick-witted young man with good judgment and reasonably earnest intentions. So convincing was the impression he made, that time after time the various physicians who had charge of his case would decide that parole was advisable despite his history. Within a few hours, or sometimes a few days, he would appear at his home in a wretched state, land in jail because of unacceptable behavior, take an automobile and get caught, or, lacking opportunity for something more active to do, get himself too drunk to leave town and fall into the hands of the local police.

On one occasion, several days after being returned by his family from such an escapade, Chester came to me smiling and at ease. He spoke briefly of his plans for the future and insisted on having parole at once. In support of this request he sought to make the point that he had proved himself trustworthy and reliable under all circumstances. Looking me squarely in the face, he asserted with modest firmness, "You know that I'm *a man of my word.*" He repeated this statement several times and spoke most intelligently and convincingly in his own behalf. When asked how he pretended to be a man of his word after breaking it so many times, so flagrantly, and so recently, he showed no sign of being confounded.

His memory was, of course, clear, and he accurately recognized all the circumstances under which he had given his word not to leave the hospital, not to steal or to forge or to drink whiskey, as well as his invariable and prompt violations of every promise. He seemed to seek in the phrase *a man of his word,* which he uttered in tones of quiet pride and assurance, some magical charm which would irrationally persuade me to trust him. Indeed, he himself appeared to be well convinced by his statement. On seeing this man for the first time, one would have read into him a fair degree of sincerity and conviction. To me he seemed rather to be activated by a mimicry of these things, an insubstantial shadow of emotion which the patient, knowing nothing else, confused in his own mind with what he assumed other people felt when they used such a tone. Having never in his whole life, so far as I could find in examining him, looked a fact of this sort in the face, he was untroubled by even the hardest, sharpest contrast between fact and falsehood and stood free to indulge, with a kind of automatic imitation-sincerity, in any fantasy he chose.

During his repeated hospitalizations the case was reviewed many times. No evidence of a psychosis in the commonly accepted sense of the word was found in his past records or in his current behavior or thought. At each presentation before the medical staff, every member has agreed that he is "sane and competent" and that he should be classified under the term *psychopathic personality.* He is bright rather than dull, and his reasoning powers on all general matters and on test questions are as good as, or better than, average.

Here, then, is a man whose measurable intelligence is not at fault, whose extrinsic situation is normal, who is entirely free from the delusions and other mental disorders of the recognized psychoses. His environment is favorable and his opportunities, past and present, in so far they can be estimated, appear better than the average. He is not visibly indifferent or shut in in the ordinary sense of those words, but, in sharp contrast to the schizophrenic or the deteriorated case of organic brain disease, he reacts with a very natural antipathy to his situation. Several of the psychiatrists who observed him have expressed the belief that he detests being in the hospital more than any man they ever saw there.

Why, then, does he always take these active steps to get himself back in confinement just as soon as he gets away? It has been clearly demonstrated to him that he will have to spend his life in confinement as long as he persists in his present ways. The opinion held by some physicians is that such people as this patient are merely spoiled, that they would behave more sensibly if not pampered, that if promptly confined to jail or left in whatever other difficulties they bring down on their own heads, they would finally control themselves. This opinion is sharply in contrast to the facts in the present case. No ordinary punishment could be much more severe than confinement on a closed ward is to this particular man. He has had it thoroughly explained to him that he will remain here until he can adapt himself to normal life outside. He not only gives up everything that other people seek but also, because of confinement, he sacrifices the chance to follow the inappropriate and bootless patterns of behavior into which he falls at once when left to his own devices.

Whatever strange goals or pseudogoals there may be to prompt and shape his reactions as a member of the community, these too, it seems, fail to motivate him sufficiently, fail to induce decisions and acts that would give him the freedom to pursue them. It has been demonstrated to Chester in the harshest aspects of the concrete, and repeatedly, that his characteristic acts put him back in a situation he finds particularly disagreeable. This does not produce the slightest modification in his behavior.

If we attempt to interpret his antisocial conduct as a rebellious manifestation, a symbolic protest against customs, principles, people, institutions, etc., which he will not accept, we might presume he would take more pains to avoid the interruption of his efforts along this line. If there is unconscious need for him to make trouble in the community and to achieve heroic stature as a general nuisance, his steps to fulfill this need seem peculiarly illogical. They promptly result in the termination of his action. Arguments for such motivation in more effective criminal careers and in circumscribed patterns of delinquency seem more plausible than in such a case as this. If loitering, theft, swindling, "disgracing himself," running up debts, social sabotage in general are his goals, the pursuit of these he must give up when he comes under close supervision on the closed ward.

Is he seeking, then, not to fulfill these goals but to frustrate the impulses to fulfill them? Or is he seeking punishment as something even more desirable than the perverse goals surmised above? Evidence of such motivational schemes has been reported,[5, 145] and often patients who show more interest in their predicaments reveal hidden attitudes, old wounds or grudges, forgotten but distorting influences, etc., that strongly suggest such an interpretation.

From this patient, however, none of the many psychiatrists who dealt with him could obtain sufficient underlying material to confirm such speculations. As hypotheses about this particular case, such interpretations impress me as having plausibility. It is quite possible that if deep penetration of his personality and adequate exploration of his innermost life could be achieved, substantial evidence of cause and effect would emerge in a convincing explanation. It seems likely, however, that the explanation, if valid, would prove to be one far more complex than anything suggested above. The primary clinical feature of his disorder seemed, however, to lie in whatever hidden pathology might account for the specific and very obdurate difficulty in finding out anything at all about his less superficial attitudes or real inner purposes and meanings.

In closing the summary of this case, let the point be emphasized again that this man does not seem driven by hot temptations to his injudicious deeds. What he does when free fails to give him much pleasure. Chester is in no way like a man who sacrifices all the ordinary satisfactions of life for some enthralling sin which will later bring him to ruin. The well-known human motives which sometimes lead a respected and successful business man to lose fortune and family in his pursuit of an illicitly loved woman or of some other transitory but enticing joy are not discernible in this case.

> "My candle burns at both ends;
>   It will not last the night;
> But ah, my foes, and, oh, my friends—
>   It gives a lovely light."*

Such a scheme of life, whatever might be said for its final wisdom, has no apparent place in this patient's maladjustment. The allegory of Faust selling his soul to the Devil in order to quench a thirst for rarer joys than this life holds is absurdly inappropriate.

It is most difficult to believe that he is reacting to powerful drives which *force* or *compel* him into obviously disastrous actions. On the contrary, everything about him suggests a drifting approach, a casual and weak impulse, a half-hearted whim rather than an explosive release of passion in the forbidden deed. Instead of a pathologic intensity of drive there seems instead to be a pathologic general devaluation of life, a complex deficiency, confusion, or malfunction in what chooses aims and directs impulse.

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* From *A Few Figs From Thistles (First Fig),* by Edna St. Vincent Millay, Harper and Brothers, New York, 1922.

Nothing that he expresses or that can be observed about him suggests a great stress or inner conflict in which strong opposing forces clash and from which emerges deep instinctual gratification as he makes off with a stolen automobile, thoroughly cleans out an opponent by fraud in crap shooting, saddles his father with a heavy debt, or drains his bottle and brawlingly defies the police. Nor is there anything yet detected about him that suggests true relief of inner tension as he reacts to society's restraints and retaliations. If these are his fundamental mechanisms, they are so deeply concealed that they show no surface or subsurface repercussion of emotion that suggests in the least their nature or their existence.

Chapter 15

WALTER

WALTER is an only child. In the old South Carolina city where he spent his early years he is remembered by his first playmates as having been not only normal but also a particularly desirable friend. During his grammar school days he was a good but not an exceptionally bright pupil. He was happily at ease with boys his own age, being generally looked to as a leader, though never aloof or dictatorial. He was somewhat less inclined than usual to the more destructive forms of mischief so dear to the typical young male, yet no child could have been more secure from the taunts often evoked by primness or piety in the schoolboy. It is nothing short of incredible to imagine the term *sissy,* withering and still unhackneyed stigma of those times, ever having been applied to Walter by anyone. That term, in fact, could not have been defined better by those who used it than as his direct opposite.

Even to the present, several men who were slightly younger schoolboys on the fringe of the group in which he held his admired position testify to the graciousness and kindness with which he treated them. All agree that he was the only older boy they recall as being entirely free from the popular tendency to bully and persecute his worshipful juniors. If his subsequent course were not known, it is likely that a poll taken among his former associates would reveal an almost unanimous belief that Walter showed more promise of becoming a respected, happy member of his community than any of the group.

In the pleasant little city of some 50,000 people his general situation in life appeared fortunate. The father was particularly honored.

Starting life with a good name but little money and only a high school education, the father established himself as a cotton factor and soon attained complete financial security. During his son's infancy he had played an important part in freeing the city of a corrupt political machine, and he continued active in civic work, one of the genuine ornaments of his community. Never a politician in the unpleasant sense of the word, he has all his life exercised strong and altogether unmercenary constructive influence in municipal affairs, occasionally heading committees to treat with the state or federal government about public matters.

Notably upright and capable, the father is still, in his early seventies, a man of sincere geniality and unusual tolerance. Though free from professional camaraderie, he is gifted with an unself-conscious knack of friendliness, an easy, unforced humor. Younger people, feeling in him a lively, almost naive warmth of humanity, tend to forget that he is a very old man. His dignity is and has always been indisputable but entirely without stiffness.

The mother is known as a quiet woman of gentle breeding, chiefly interested in her home but generally liked and admired. Both parents are Episcopalians and attend a church which has come down from colonial times.

It would be hard to imagine an environment farther from moral laxity on the one hand or fanaticism and excessive efforts at piety on the other than that of Walter's youth. He apparently enjoyed all the pleasures and advantages available to boys of the leading families in his community. Not only social service reports but also the opinion of his contemporaries indicate that he was as free from pampering and undue license as from overzealous severity.

After entering high school he gradually drifted away from his earlier friends, began to lose interest in his studies, and began to show alarming irresponsibility. The change in him was at first imperceptible. No one could say definitely when he began to lose identity with the modest, frank character of his early youth and to become, instead, notable for juvenile arrogance, a petulant irritability, a quick and limitless facility at lying.

His parents soon began to find him a problem. Nothing seemed to suit him. Purposeless truancy from school, night wanderings, a disrespectful attitude toward his elders, and open, fretful defiance at any attempt, however gentle or however firm, to guide or control him became ever more prominent. He became dissatisfied, carping, and always spoke as if the world were to blame for each difficulty that he made for himself and for others.

Some of the other boys with whom he had grown up began at this stage of their lives to indulge in what they regarded as dissipation. Cigarette smoking, occasional surreptitious experiences with strong drink, and indiscreet behavior with the opposite sex were adventurously essayed and almost incessantly talked about by the more wayward spirits. Many of these boys were regarded by their elders as sowing their wild oats, as perhaps preparing to go to the dogs. Their conduct was far more weightily regarded by themselves, many exulting in what they imagined to be precocious careers of worldly license. Walter did not concern himself particularly with these pursuits.

During his third year of high school Walter ran away from home, having no plan or discernible purpose. His money soon became exhausted, and his father brought him home. Shortly afterward he ran away again. He had been very disagreeable to his parents since his first misadventure and seemed bored and aimless. The father, thinking he might learn something to his profit, allowed him to stay away, supplying him with sums of money from time to time.

Before long he succeeded in getting work as an unskilled laborer at a factory in a large industrial city on the eastern seaboard. Losing this place, he soon found another. After working a few weeks or sometimes a few months he always fell into difficulty with his employers, often losing positions because of his high-handed and dictatorial ways, drifting about from one place to another. He dressed rather flashily and squandered money that his father sent him on making a cheap display. Much of his leisure was spent standing around on street corners or strutting about in front of cigar stores. Meanwhile he lived among uneducated and depressing people in a dreary section of town and seemed to have no interest in finding suitable associates or surroundings. Though he indulged in casual relations with prostitutes, there is no record of his ever having regarded any woman as a love-object. What relations he has had of this sort, though not infrequent, seem very insignificant in the story of his life, involving little emotion, implying no sexual contact of two personalities beyond the more or less mechanical friction of the parts technically involved.

He was considered an intelligent workman during his brief periods of activity and several times advanced in various companies, occasionally attaining promising positions as salesman only to throw them away by neglect or by petulant bickering with his superiors.

When his country entered World War I, he promptly enlisted. After going to France he was promoted to the rank of sergeant in the air corps, according to reports having shown considerable skill as a mechanic. He was, however, reduced to private for going A.W.O.L. before his discharge from the army at the end of the war.

On returning home he referred to himself as an aviator, implying that he had been an officer and a pilot, and assumed the airs of one who imagines himself a distinguished hero or who means, at any rate, for others to hold this opinion of him. He made no attempt to associate with people his contemporaries found interesting, worked for short periods as a mechanic in local garages, and caused his parents deep mortification and distress by going on periodic sprees either alone or with the most vulgar and uninspiring companions. He continually spoke of his dissatisfaction with the town in which his parents lived, complaining that it offered no opportunities for a man such as himself, and, taking a superior manner, harped exasperatingly on his travels and adventures and his alleged successes afar.

He soon left home again for Chicago, where he obtained and lost several positions as mechanic or as salesman. He drifted on to Cincinnati and Detroit, following the same career. His father was frequently called on to furnish money when he got into difficulties or was without work. Occasionally he came home for short periods during which he remained arrogant, idle, and full of absurd stories about his own importance, the superior positions he had held, the high and mighty people he associated with, the fashionable gatherings he graced. He sometimes drank until he was in a deplorable condition, staggering home disheveled and rowdy, creating a great uproar in the simple, dignified household of his parents, or from time to time ending up at the police barracks where his father had to come at inconvenient hours of the night to remove him from the filthy and disreputable group of prostitutes, vagrants, and petty criminals among whom he had been confined. When not drinking he showed, in less dramatic form, the same attitudes and qualities.

During all this time his father supported and protected him with unvarying tact and persistence. Though the public at large knew how disheartening and harrassing a burden the son had become, and what a particularly bitter change he had brought into his parent's serene and honored life, they both continued to treat him with dignity and consideration. The whole town regarded Walter as a heartbreaking disappointment, but little of this was learned from complaints by the parents.

Time after time the father obtained positions for his son, time after time he paid the son out of debt, effected his release from jail, and submitted to abuse for his pains. Though he reasoned with his son and sought in every possible way to influence him, the father did not allow an attitude of hopeless contempt to possess him.

In some subtle way that is difficult to describe he seemed to accept his son before the world and, while denying none of the latter's faults, to put his whole attention on offering new opportunities, none of it on lamenting what he had been made to suffer or on throwing this up to the person who caused his suffering. He tried, it seemed, not only to wipe the slate clean of material hindrances to a fresh start but also to wipe it clean subjectively, to let the son start over without the burden of shame that one in such circumstances might be imagined to feel.

There seemed, however, to be no attempt on the father's part to deceive this son into thinking his behavior was condoned or minimized. In dealing with such a problem one can err in either one way or the other, and usually one errs in both. He seemed, however, hardly to err at all in the long and trying years of struggle to rehabilitate his son. Numerous psychiatrists who worked with the case over a decade were impressed and considered it a remarkable performance.

Finally, after several other short sojourns in psychiatric institutions, Walter was sent to a Veterans Administration hospital. He did not want to come. His running up of bills, his small but very spectacular offenses against legal statutes and public taste, had become so extreme and so frequent, his trips to jail and his bawdy, argumentative tantrums at home so trying, and his sporadic sprees with drink so extraordinary, it was plain that desperate measures should be taken. The parents did not hesitate to make it clear to Walter that he had to come to the hospital. The son knew that the father, by relaxing his protection, could in a few days leave him only the alternative of jail. So he came.

On arriving, he confessed that he was astonished at his family for sending him to a mental institution. He simply could not understand such an attitude. He said that he had, perhaps, taken a quart of whiskey during the two previous years, behaving as if surprised and very much vexed at the idea that he might have been drinking to excess. He suggested that some vague gossip about his being a user of alcoholic liquors might have started because in the town of his birth, to which he had recently returned, one had to go to disreputable places, extremely unsuitable to his own fastidious tastes and frequented by rough and vulgar people, to get the occasional drink of whiskey that any gentleman might want. His little difficulties with the law about bad checks, swindling schemes, etc., he waved aside as if they had been matters too small and too irrelevant for serious discussion. He showed plainly that he considered himself of a type superior to the best people in town and to his parents, and dwelt at length on the rarefied social and intellectual atmosphere in which he moved when away. Though assuming an air of condescension in speaking of his father, as if with the chivalrous intention to deal lightly and generously with him, he admitted that he could not but resent his actions. He described his parents as meddling in his affairs and repeatedly interfering with the important plans he outlined for himself. His manner was so convincing that the examining physician thought at first he might really be, despite his bad record, a man of some attainment, as he was plainly a man of intelligence. Had the parents been, perhaps, a little too quick and severe in their action? The social service report cleared up all doubt on these points. During study in the hospital he showed no technical evidence of psychosis or psychoneurosis. He was diagnosed as a case of psychopathic personality and discharged at the end of a month's observation.

On returning home Walter continued in his old ways, losing each position obtained for him, wandering about the streets at night, or sometimes, when drinking, falling maudlin and semistuporous in parks, coal yards, or on the river bank. He was furnished with money to go to Boston, where he insisted opportunities now awaited him. He soon obtained a position as a salesman of radios and, despite irregularity at work, embarrassing behavior, and periodical sprees of drinking, seemed to do fairly well for a month or two. Then, complaining of discrimination against him at his office, he gave his employers a piece of his mind, threw up his position, and enlisted in the army. Four months later he suddenly deserted and, after wandering about the Middle West obtaining and losing various positions but chiefly making petty troubles for himself and others, came home to his parents. He was quickly discovered and taken into custody by army authorities.

He admitted that he knew what he was doing when he deserted, said that he had not been drinking at the time, and dismissed the whole matter with the supercilious remark that he left the army because he had some business that needed attention without delay. He was examined by physicians at this time. No evidence of a psychosis was found, but it was noted that he showed "ungratefulness, moral uselessness, a failure to profit by experience, utter irresponsibility, etc." He was judged unfit for military duties and, perhaps with some special leniency because of his wartime service, released without further punishment.

Some months later he was readmitted to the hospital after a series of misadventures in no way different from his earlier ones. He also had gonorrhea which he was glad to have treated. He was at this time aloof and superior in his attitude, complained about being confined with psychotic patients, professed himself disgusted at their table manners. He now admitted excessive drinking but attributed it and all his difficulties to his mother, saying little now about his father. He plainly considered himself a martyr to his mother's efforts to keep him out of jail and able to work. This he regarded as meddling and seemed to feel that it fully justified his own conduct. After six weeks he was discharged.

He was back again, however, after a short period of freedom, sent by his father, who in the interval had continued his efforts to get the patient established. Several positions had been arranged for him in the city of his birth and he had also been sent off and given financial assistance in an industrial center of the North. Always he failed, losing each position or giving it up and roaming the streets, getting into brawls or legal difficulties about debt, lying out in brothels or flophouses until rescued by the police or his father. This time he remained in the hospital for seven weeks.

When brought before the staff he was quite self-contained and spoke of his misconduct as though he were rather proud of it and considered it a humorous and fully justified sort of retaliation against his parents. He laughed and said that after having got pretty well drunk he decided that his father might want to send him to the hospital and so continued drinking until this was inevitable. He admitted that his parents had suggested he drink at his own house with them as an alternative to his sodden sprees, but could not see that this implied any tolerance on their part. He spoke with satisfaction about slipping away from them, taking the automobile and, having loaded in several gallons of whiskey, heading out into the country where he would remain for four or five days, at times in thorough stupefaction.

His tone throughout the interview was brisk, self-assured, and somewhat pompous. He admitted verbally that the whole fault might not lie with his parents, but it was plain that this concession was made only for the purpose of showing his broadmindedness toward them. "Of course, there must be two sides to any question," he agreed with grudging deliberation, as if gratified and a bit surprised at his own generosity. It was obvious that no real conviction lay behind his words. The following samples are typical of his talk to the staff:

> "Since I seem to end here anyway I thought I'd make a party of it. This has been going on for fifteen or twenty years, and I'm sick and tired of being dictated to. My father has a temper which has caused me considerable trouble at times. My career has not been perfect; nevertheless, I play the game on the level. I play it right on through. I was just matching my wits with my father. It just seems that there should be a stop put to this [his being sent to the hospital] because I'm satisfied I'm a kind of nuisance out here."

He then quoted his father as having expressed ideas of vengeance toward him in profane language and having gloated over his confinement at the hospital. Both the thought and the language were absurdly inconsistent with that grave man's despair about his son.

After six weeks he was taken out of the hospital on furlough. Five days later police brought the patient back, peevish, dictatorial, and uncontrollable. A few days later the father took him out again, only to have him escape. Several days passed before he could be found, the police finally bringing him in from the abandoned stables behind an old unrented house where their attention had been drawn by midnight barking of stray dogs who had gathered and were thus saluting Walter as he fumbled about.

He was returned to the hospital, taken out again by his family, and sent back because of similar capers time after time. His father evidently hoped that the prospect of being confined indefinitely in a mental hospital would curb his activities and tried repeatedly to impress him by this means. Nothing, however, was accomplished and, after eight months spent on the wards and out on furloughs, the attempt was abandoned and Walter left again to seek his fortune selling electric refrigerators in a large, distant city.

After losing a number of positions in various cities, spending many nights in jails over the country, lying out in low dives or in the woods on prolonged solitary drinking sprees, he returned to his parents. He now began to make himself even more difficult than formerly. After uproarious, obscene, and threatening entrances into the house between midnight and dawn, he would sleep until the early afternoon, then, on arising, make a canvass of the city, calling chiefly on quiet old ladies, preferably close friends of his mother's, to wheedle money from them. Knowing that he would take whatever they furnished him and use it to make further trouble, these ladies, after giving him a few dollars, would, on the second or third visit, often send word by the servant that they were not at home. Thereupon he would become insistent, saying that his business was urgent, that he would wait until the lady returned. Growing particularly vehement, he sometimes accused the servants of lying, called in a loud voice up the stairs, and made such a commotion that his victim would have to come down and see him.

On several occasions he even disturbed these life-long friends of his mother's from their beds, keeping up his calls until they came to the stairs and spoke with him. He did not readily take no for an answer but continued to beg after repeated refusals. His manner was supercilious and haughty, though his words were sometimes shamefully abject. During these interviews he outrageously and falsely criticised his parents, accusing them of the most fantastic mistreatment and laying all his difficulties at their door.

Few of his parents' friends escaped these embarrassing encounters. Respect and admiration for the parents prevented these people from calling the police to rid them of such a pest, and most would rather have suffered ten times such inconvenience than let it come to his parents' attention. Walter himself was a virtual stranger to these quiet old ladies, never having had much to do with respectable local people since his childhood.

On one occasion he accosted the mother of a former playmate as she was walking down the street: "Hello, Aunt Maisie, hello!" he called in a loud, insistent voice from behind her. Superficially polite, but with a discernible swagger, he approached. She had not laid eyes on him for many years and scarcely recognized him. "I say, my car's just broken down up the street. Could you lend me a couple of dollars?"

Placing him after a moment, she regretfully said that she had only a little change in her purse. "Well, how much have you?" he countered briskly, smiling in a brittle sham of courtesy. As she opened the purse his eager hands flew to her assistance, mimicking still the action of a gentleman performing a small service for a lady. The few coins were scarcely in her palm before his fingers licked them up. With brief but extravagant words of thanks which had a peculiarly hollow ring, he was off.

Some months later, he was readmitted to the hospital, coming from the police barracks. His father had become afraid that he might, in a fit of temper, actually harm his mother. Though he had often threatened both and once had even pulled his mother a few yards by the wrists, neither parent heretofore had seriously feared violence at his hands. He had brawled often in taverns, pool rooms, bars, and on the streets, but he had never shown violence that might lead one to fear he was really dangerous. He had, however, recently adopted the habit of sleeping with a gallon of whiskey under his bed on which he laid a loaded revolver. His father did not want to take chances on his personal belief that Walter was unlikely to kill.

Let it be recorded here again that this patient's father showed no signs of being a victim of parental blindness, of foolish pride in his child, or of perceptible weakness in dealing with him. In discussing the case with physicians at the hospital he spared no detail of the history, made no effort to whitewash the son's motives or to excuse him; as ugly as this situation was, he seemed to face it squarely at all times. There was no sign of vindictiveness or personal bitterness, but there was always complete frankness and remarkable insight. His grief and shame seemed almost, but not quite, too much for him. His unfailing devotion to his son as expressed in his actions became steadily more impressive to those who observed. Some of the physicians who dealt with the case felt that this man's understanding and his adequacy all but matched his son's spectacular opposite.

This time Walter stayed in the hospital for nearly three months. He was, as before, supercilious, full of quietly boastful innuendoes, totally unwilling to accept any of the responsibility for his maladjustment.

This time it was his mother who, by nagging at him and meddling with him, had got him into the hospital. At the staff meeting he came in rather like a lord. With chilly politeness not free from contempt he stated, in reply to a question, that he was an engineer, giving the term a pompous accent that showed his sense of superiority. This statement was based on his former work as a mechanic and was plainly not a delusion but a boastful exaggeration.

He was extremely dissatisfied on a ward with psychotic patients and incessantly demanded his release. Only the knowledge that his father would refer him at once to the police kept him from forcing the hospital to let him go. He seemed as out of place as any normal man would be, and he was no less impatient to gain his freedom. He was soon tried on parole. This did not last long, for he went off again and almost at once got into difficulties. After several such trials he was again discharged.

Soon afterward he went to the telephone one morning, called up a man he had known during his childhood, said he was in trouble and needed help at once. The other man, though he remembered Walter as a child, had not seen him for a number of years. He was busy with pressing matters at the time in a cotton mill several miles from town where he held an important position.

"But I've got to see you at once," Walter insisted. "I tell you I'm in trouble." The other, becoming vexed at such insistence and at the high-handed, peremptory tone, explained that his own affairs were urgent also and asked to be told more about the matter. Walter would give no details. He became more demanding. "I tell you I want to see you. You come on down to 1321 Juniper Street. I'll be in front of the house. And if you've ever travelled fast in your life you travel fast now."

At this the other man became rebellious. He frankly stated that he could not and would not tear himself away from his own business at such a time on such an inscrutable errand. Walter then began to compromise and at last grudgingly agreed to a meeting in a few hours. His whole manner in the conversation was that of one who demands fulfillment of an obligation, not of one who requests a favor.

On arriving at the address given, the former acquaintance was at once beckoned by an abrupt jerk of the thumb to draw aside under a tree.

"I'm in a sort of jam," Walter said condescendingly. "Owe a man three dollars. I'd like for you to let me have that amount."

"I'm sorry," said the other, determined not to give anything after being so inconsiderately put upon, "I haven't got it on me."

Walter thereupon became insistent. Making it plain that he did not believe what the other man said, he continued as if demanding his rights, "Well, what have you in your pockets? Just give me what you have. That will be all right." Finally, uncomfortable at participating in this shameless demonstration, the other gave over some small change and left.

Walter continued on the same course, losing positions which his father obtained for him in other cities. Sometimes he worked for two or three months but even during such periods he had many small social difficulties. He was sent to private institutions several times for whiskey cures and returned to take up immediately his well-known ways. Once he went to an evangelist's meeting, professed salvation, and assumed for a week or ten days an attitude of piety and spoke of carrying on the Lord's Work. Despite this period of propriety, he was in the police barracks about three or four times each month.

He disappeared again and was sought for several days by his anxious parents. A week later a friend of the family, on returning to her house which had been closed during her absence from the city, found him inside, stretched on the floor, snoring. He was disheveled and dirty. After a little shaking and shouting he aroused, blinked at her calmly, and acted as if he had been disturbed by some irresponsible person who must be treated as an indulgent grown person treats a child. In the house was also a half-dressed woman of frankly disreputable character whom he had brought with him. The rugs were stained with overturned drinks, and bottles and Mason jars were scattered over the floors. Unwashed dishes were piled in stacks or littered broken about the rooms. Several disarranged beds were heaped with stale sheets. Here and there furniture was overturned or burned with cigarettes. "Sorry," said Walter as if making a gallant apology for having accidentally jostled a lady in a crowd, "I am made so miserable at home that I had to come in."

He was sent again to the hospital by his father, following a series of misadventures somewhat more trying than usual. On arrival he was moderately influenced by drink but well aware of his actions. "Ask me no questions and I'll tell you no lies," he shouted gaily. "Yep, I've been drunk for five weeks. Drank a pint today. Carry it pretty well, don't I?"

He soon sobered up and insisted on leaving, stating that he had never done anything out of the ordinary, that he was sane and in the wrong place. He spoke convincingly of plans he had made to study air conditioning and of great engineering opportunities that awaited him in this field. If one had seen him for the first time, it would have been easy to believe that he was a gifted and energetic young man whose ambitions were to be fulfilled as soon as he obtained his freedom.

Despite his many evasions and his opinions contrary to fact, no delusion, in the sense ordinarily understood by psychiatry, was ever found in Walter. After careful study and prolonged observation, he was again given the diagnosis of psychopathic personality. He was discharged at the end of five weeks as sane.

According to trustworthy reports he is continuing without any notable change in his former ways.

Chapter 16

JOE

THIS patient came in the custody of two friends, both state officers in the American Legion, to apply for admission to the hospital. He had with him commitment papers showing that he had at his own request been declared incompetent.

Joe was alert, intelligent, and conducted himself in a manner that suggested a person of poise, good judgment, and firm resolution. He was anything but the sort of figure that might come to mind in thinking of a patient sent for admission to such an institution.

He frankly admitted that he was not "insane" in the ordinary sense of the word and, therefore, was not eligible according to the letter of the law for admission into a hospital of this sort. He urged, however, that he be accepted, stating that for the last sixteen or seventeen years he had been drinking to great and foolish excess in periodic sprees. He seemed to be remarkably frank and straightforward, admitting that he had made an unholy mess of his life and caused misery untold for his wife, his parents, and his friends. At times he became much depressed, he said, when ruminating over the magnitude of his failure. He appeared earnest in his strongly expressed determination to pull himself together and make a fresh start.

A rather unusual and impressive sincerity seemed to distinguish this man from some with similar histories of psychopathic drinking and psychopathic failure. He did not promise to become a new man. He admitted that he knew it would be most difficult for him to change his ways and seemed to realize that his many collapses in the past after similar good intentions told against his present chances.

Records which accompanied him gave the information that three years previously Joe had attempted suicide by severing veins in both arms. Definite scars were visible four or five inches above the wrists. Since he had not played up this phase of his case, his statement that he had really tried to kill himself was particularly convincing. Though such patients, officially not psychotic and considered responsible for their own troubles and misdeeds, are not technically eligible, it was decided to take this man.

His history of a suicidal attempt furnished plausible grounds for calling him an emergency, and his apparently desperate intention of escaping from the pattern of his past folly promised that treatment in a mental hospital might give him a chance to gain insight and forge new resolution which he would need in starting over again.

During the month of psychiatric study and constant observation that preceded diagnosis before the staff, this man proved to be a model patient. He was cheerful, convivial, alert, and energetic. He asked for work and at once made himself useful, checking out laundry, typing various lists, helping psychotic patients, and performing many other duties. Quick, accurate, and reliable, he seemed to take a real pleasure in all work that he could get and actually accomplished much more than an average man could.

He was at all times in perfect contact, reasonable, optimistic, and plainly intelligent. During examinations he told his story with a remarkable appearance of frankness and insight.

"I suppose, doctor, I am still a child emotionally," he admitted in explanation of the fifteen years during which he threw away many valuable positions, lost his wife, went repeatedly to sanatoriums which offer whiskey cures and to mental hospitals. He seemed to realize that his conduct was extremely irrational and without reward, agreeing that he had been quite uphappy nearly all the time and a source of grief and despair to others.

Drinking, Joe said, was not in his opinion the cause of his trouble but merely a symptom of some obscure flaw in his make-up. This defect he found it hard to define or describe, though he spoke very intelligently and almost, one might say, profoundly. He distinguished between his own case and the various psychoses, maintaining that he was entirely sane but admitting that, though sane, he had behaved more foolishly than a bona fide "lunatic," and for no purpose.

He mentioned the writings of Freud, Jung, Bleuler, and William A. White, and showed unusual familiarity for a layman with psychiatric terminology as well as a slight acquaintance with the literature.

"I suppose I must be a constitutional psychopath," he concluded after describing his many opportunities, his many confident resolutions to adjust, and his inevitable, quick failures.

As in so many cases of this sort, drink, being a tangible and superficial activity, is often stressed by the family and the patient as if it were the major source of difficulty. Being at a loss to account for antisocial and self-damaging acts in terms of real purpose, it is customary for them to decide that these must have been carried out because some drinks had been taken. I do not share such a belief. This patient, like a good many others, was more inclined to discuss drinking than his more essential difficulties, so this at first was the chief topic.

"But why do you drink?" he was asked. "Why do you let yourself take the first drink, when you realize by now to what it will lead?" It was hard to say, he admitted. He felt he had not for many years obtained pleasure from the effects of whiskey. Even if there had been some extraordinary pleasure in drinking, he felt sure this would not have been worth even a small part of the price he had paid.

Perhaps habit was a factor, Joe suggested; perhaps he was emotionally conditioned to repeat this disastrous step no matter how plainly reason warned him against it. He spoke of possible forces within his mind that might seek failure, unconscious tendencies to defeat himself. Desire to escape from the difficulties and failures of life, he felt, might influence him to seek intoxication. On the other hand, he believed the failure and difficulties would not occur if he did not drink. He was confident that drunkenness led to the many disastrous actions he had taken.

Joe emphasized his belief in a vicious cycle of sequences, the drink causing him to get in grave difficulty, to lose what he most wanted, and then his subsequent disappointments causing him to seek refuge in drink. Though some causal influence may lie in this, it is apparently secondary and superficial. When in extremely advantageous positions, in situations he described as ideal, without provocation or known purpose, he often acted in such a way as to lose all that he said he found desirable and to make failure inevitable and spectacular.

On being asked if he really found life worth while, if a normal life offered anything to him, he quickly answered that it did. He appeared frank in affirming that there was in him a strong and persistent will to succeed, an urge to get at the satisfactions of existence which most people choose in preference to the sort of career he had known with its almost fantastic and presumably frustrating reverses and maladjustments.

As Joe discussed the possibility that impulses unrecognized by him might play a part in his way of life, he seemed like one with an almost Socratic respect for the depth and extent of the unknowable. It was entirely possible, he maintained, that he might be deceiving himself. Perhaps, he admitted, there were tendencies within, whose presence he did not suspect. As he continued he spontaneously questioned his essential sincerity, but in such a way as to make him seem even more sincere than heretofore.

This man's apparent insight, freedom from evasiveness, and willingness to admit himself responsible for his misfortunes are, one might say, inconsistent with his history, which is typically that of a psychopath. In my opinion, however, none of these qualities which appeared to be so highly developed in him are real. It is perhaps more accurate to say that whatever reality there may be in these qualities, is not integrated into the person's functioning. It does not emerge objectively in the actuality of behavior.

His insight comes, in time, to seem but a mimicry of insight. He uses the words which one who understood would use, but they do not have a corresponding meaning. He speaks with every evidence of conviction and sincerity, but when one studies him over a period of time it becomes apparent finally that he is merely going through the motions, that he is not actually living the feelings he describes so well. His evasiveness, of almost Dostoievskian complexity, consists in an openness which is yet no openness at all. He freely gives up discrediting information about his weakness and his failures and appears to take them with ardent seriousness, to understand them, to regret them to the bottom of his heart, and to intend to learn and profit by them. But all the while he is, for the most part, merely using the words, the gestures, the expressions without entering into the feeling and the understanding. We find ourselves dealing not so much with a genius at acting but with a person who, in the most important matters, has no capacity of distinguishing between what is acting and what is not.

Joe is not really facing facts now but only acting in a charade in which he faces imitation facts. He says he is responsible for his failures and seems to accept this responsibility honestly and to have normal regret for the pain he has caused others, but as one studies him one learns that the regret is something quite different from what we have presumed he was talking about and that he is able to act as if it were profound only because he is utterly unaware of what real and serious regret is—because he does not experience real and serious emotions.

It is difficult to describe this impression without implying that the patient's reactions are being identified with deliberate fraud, or with hypocrisy in its ordinary meaning. There is, however, a fundamental difference. Psychopaths notoriously deceive and falsify, with strict awareness of the intention and about any sort of situation.

Voluntary and quite conscious decisions to lie occur and are carried out in discussing the points on which we attempt to estimate insight, the genuineness of desire, grief, remorse, love, etc. It addition to such factors, however, we encounter misleading reports of another sort.

In all probability, Joe was often accurately describing his reactions in so far as he could. Something left out of his experience made it impossible for him to see that the words he used did not refer to such emotional actualities as they would in another. One might say this constitutes a kind of strange and paradoxical sincerity, something a little like the report of a color-blind man (without knowledge of his defect) who after investigation swears conscientiously that the horizon is gray, though it actually blazes with all colors of the sunset.

Such a comparison is, however, full of implications that may mislead us. One can also say that this particular patient, when it suits his purposes, does not hesitate to falsify with full deliberation.

In time a typical glibness about the major social disasters of his life reveals itself and one sees that this man has a sort of pride in the spectacular capers he has cut. He admits that he is to blame for his wife's having had to divorce him because of nonsupport, periods of desertion, gross, repetitive, and almost publicly transacted infidelity. Even now, while full of expressed intentions to change his ways, he shows no genuine concern for the fate of this former wife and little or none for his children. He admits his childishness, his failures in every undertaking, his flagrant lack of consideration for others. He admits some dozen or two arrests in the last year and a half, for causing disorder in public and for unacceptable conduct while drinking. But he is very solemn in assuming that he is a *man of honor* in the most unqualified sense, despite what he confesses as his faults. He states that he will not break his word and that he has never committed an act against anyone else for which he should have been arrested. He admits that the alleged suicidal attempt was a pure fraud and that he had made a false statement about it in order to get into the hospital. He had cut his arms only to frighten his wife and parents and to create a dramatic scene in order to gain his ends with them. He describes his exploit in detail, admitting its extreme childishness. He remembers that he took care to pull over a chair and to fall with a great thud and clatter so that he would attract sudden attention and become at once the center of an exciting scene.

This, for the sort of man he is known to be, is admitting a great deal. But he at once insists that he has always been a man of his word, ignoring the many incidents in his history to the contrary. He leaves out many well-established facts which would not fit in with the picture he now means to give of himself, as a man who has done many foolish and unpardonable things but who is still a "gentleman" fundamentally. He always insists that the many women with whom he has had relations were those who would obviously excite romantic feelings, though this is by no means true. He says repeatedly that sexual relations are no pleasure to him unless he gives the woman pleasure too, but one can see that this is an opinion he has picked up from reading and that it has nothing to do with the reality of his life. Actually his experiences with women have been casual, incomplete, and of so little real significance to him that he has been known to drink himself into a state of impotence rather than continue even the primary physical exercises of the relationship. Later he says that no woman among the many with whom he has had intercourse ever afforded anything of serious significance to him; but he feels that this is rather to his credit as a romantic lover. "I am in love with love!" he concludes tritely.

Joe speaks of his misadventures with what would pass for admirable humor, and what would have been real humor had there been a contrasting seriousness in his understanding to give it meaning. But his light touch in dealing with his own faults and his own follies loses significance when one sees that for him there is no tragic reality against which it is maintained.

Now a man thirty-eight years old, he is athletic, well-groomed, rather handsome. The story of his life as he gives it is in most of the outer facts identical with the story as given in social service reports and by his friends.

Joe's father was a prominent man in one of the largest cities in Alabama. High ambitions were entertained for this son, and he was given every educational opportunity. He feels that his mother had puritanical ideals of life and wished him to live according to them. He admits that he made no attempt to suppress his natural inclinations and says that he enjoyed sexual intercourse frequently since he was about thirteen years old. He was unusually bright in school and made rapid progress despite interruptions caused by pneumonia and typhoid fever. He was sent to a celebrated preparatory school in the East where he did well in his studies and achieved athletic prominence in football and tennis.

He then entered the state university but after two years transferred to Virginia Military Institute. Before graduating he enlisted in the army. The war ended seven months later and he was discharged with the rank of corporal. He then entered law school at the state university and three years later graduated with high distinction, being named valedictorian for his class.

Joe had already begun to show irresponsibility, often walking out of class capriciously and ignoring serious duties as well as matters on which his own welfare depended. He had also begun to show, on isolated occasions, the tendency to behave outlandishly when he drank. He was very capable and successful in the practice of law when he put his attention on it but soon lost interest and neglected his work. His father was, however, able to cover most of his deficiencies and keep him in an appearance of success. He often entertained big ideas but did little to put them into practice. He constantly made excuses and was full of highsounding promises, few of which he made any attempt to fulfill.

The patient himself accounts for his loss of interest in law as resulting from an idealistic outlook. He states that he entered his profession with the assumption that actual justice was the criterion of legal decisions and finding this to be far from true, he had little patience left for the law.

He was at this time settling down to serious drinking, as he expresses it. As a matter of fact, his essential untrustworthiness, his tendency to squander his resources and throw his responsibilities upon others stands out in his behavior while not drinking at all, though in his own account of his career he tends to cloak his more important aspects of maladjustment under the explanation of alcoholic influence.

Joe became interested in running for city council, threw himself with great energy into the race, and after a shrewd and active campaign was elected. According to the social service reports most of his drinking was done alone, even at this time when he was in his early twenties. On occasions when he drank in company he often misbehaved in most extraordinary and distressing ways.

Once when a guest at a formal dance held in a small town fifty miles away from his home, he threw a large crowd of respectable people into extreme consternation. After taking some drinks he walked out on the dance floor, cut in on an attractive young lady who belonged to one of the best families in town, and joined with the crowd as it gave itself up to the pleasant and seemly strains of a waltz.

Stopping brazenly in a semisecluded corner of the dancing area, Joe drew sudden attention from the chaperones, from the astonished eyes of a hundred waltzing couples, and from the musicians. These at first found it difficult to credit their perceptions or to act as they watched him jerk his partner's dress up over her head, set himself to work divesting her of her undergarments, and, despite her struggles and screams, commence on the first steps toward an attempt at sexual intercourse in these inauspicious surroundings. A tumult ensued. He was snatched from his victim and removed from the ballroom at once. Only the energetic intervention of his friends saved him from violence.

A year later he married. The wedding was delayed because Joe, about a month before the announced date, ran off with another girl, the respectable daughter of a professor in the university. He hid out with this partner in a cheap hotel to avoid pursuit by her parents but eventually, after many highly embarrassing and unseemly episodes, went off into maudlin or uproarious drunkenness and finally stupor, leaving his partner in illicit love to her own devices.

Joe's marriage was from the first a failure. He neglected his wife, lay out for days in drinking sprees, wandered off and spent the night in low dives, and availed himself of every opportunity to have casual intercourse with other women.

He made little pretense now of working, neglecting even his position on the city council which had cost him some shrewd planning and considerable effort to obtain. According to the opinion of those who know him he was not interested in the position itself, that is to say, in anything he might accomplish thereby, but only in the petty fame it might bring him. He enjoyed stepping into various roles in which he played the big shot.

Joe's father, who is a very influential man, got him appointed some time later as judge of a local court. This position paid an excellent salary and required only about an hour of work daily. This, however, was too much. He would not attend even to the barest minimum of his duties, refused to go to his office, wandered on pseudo-adventures in distant cities without making any provision for his responsibilities to be met, often without letting his family know he was going or informing them of his whereabouts. Despite the zeal of friends and relatives to make good his deficiencies, he lost this very valuable position.

His father bought him a house, leaving it encumbered with a small mortgage in order to stimulate the patient to use his funds constructively and free himself from this obligation. Although receiving an ample income to make these payments, he made no effort to do so but instead, as his father later discovered, took out another large mortgage and squandered this money as well as his income.

There seemed little incentive or definite purpose in the actions through which he destroyed his opportunities and squandered his and his parents' resources. One can discern no strong recognizable temptation, no formulated course of living, good or evil, for which he abandoned what others find so desirable.

Although his father supplied his wife and children with money (he has two daughters) and continued to give him opportunities to make an easy living at law, he worked little or not at all, spent his time getting in and out of the police barracks, going time after time to hospitals where he remained for a few weeks or a month, only to return and take up at once his former practices.

After several years of such living he was sent to a federal psychiatric hospital in Mississippi for study and treatment. Nothing to suggest a psychosis or a psychoneurosis could be found. He was highly intelligent and energetic but inclined to be domineering, especially toward his father, whom he would not allow to come on the ward and visit him. After five weeks he left against medical advice. He was classed as a case of psychopathic personality.

Three months later Joe set off in his car, sober and apparently enthusiastic about the prospect of his vacation, to join his wife and children who were spending a few weeks at a summer resort in the Tennessee mountains. On the way he picked up another woman, then after they had a few drinks together apparently lost interest in her. Stopping in a small town in northern Alabama, he left his companion in the car, making some excuse, and went to the railroad station, throwing away the keys to his car on the way in a gesture of careless bravado. At the station he stood before a timetable, closed his eyes, and put down his finger at random. Noting that he had by chance fallen on Tulsa, Okla., he bought a ticket and, bringing along a good supply of whiskey, left without more ado for that city.

Nothing was heard from him for several weeks. Leading the life of a bum or city tramp who lives by his wits, he was active at panhandling, petty fraud, and other schemes and tricks to pick up small sums. He fell more than once into the hands of the police. Always disarming and impressive, he cleverly talked himself out of the usual consequences.

At length an acquaintance of Joe's family ran across him in Texas and notified his father, who sent him funds at once by telegraph so that he could come home. Instead, he bought more whiskey and continued his rambles, drinking sometimes with chance acquaintances he found in saloons, occasionally drinking alone, and staggering about uninviting sections of town or out into the countryside.

After going up to Minneapolis, he wandered on an odd impulse into the tent where a celebrated evangelist was exhorting sinners. One of the evangelist's assistants happened on him and urged him to accept salvation and join the troupe. Although an unbeliever, he was attracted by the idea and, with a great show of enthusiasm, announced his intentions of devoting his life to the work.

Professing a lusty rebirth, he attached himself to the evangelist, went on to Chicago where he was active and successful in bringing in the penitent and getting them out on the sawdust trail. He also showed himself extremely able and for a while industrious, in running a mission where vagrants were fed. He told utterly false but dramatic and convincing stories of his life to the religious workers and seemed like one remarkably suited to his new calling.

Joe continued at these activities for several weeks, not drinking and enjoying himself fairly well. He maintains that he never entertained any serious belief in the doctrine of the evangelist or experienced any sensations of penitence or sanctity. "I just sold myself somehow on the idea of doing it," he says with a broad smile.

Meeting a red-haired girl, his thoughts inclined in another direction and, leaving the evangelist's party, he put up with her at a hotel where he briefly enjoyed her charms, then abandoned her as casually as he had begun the relation.

For a while now he turned to alcohol, taking no interest in anything and summoning only enough energy to get the bottle and drink himself back to snoring oblivion. Shortly afterward he returned home, made a few brief gestures at working, but chiefly idled and drifted.

He continued in this fashion for a year, keeping his wife in misery and perplexity and his father active by day and night in efforts to get him out of jail, to bring him in from low resorts, or to whip up some interest in him to make a new start. Occasionally he spoke seriously of having obtained a new outlook and worked for a few weeks or a month, always showing excellent ability and succeeding with ease in all he attempted. No matter how bright were his prospects, he soon threw them up and went on another round of idle wanderings, self-defeating, and apparently boring asocial or antisocial routines, or on mirthless and unhappy drinking bouts.

Finally Joe's wife divorced him and went to live with his father, who assumed full obligation for her support and that of the children, treating her with the greatest kindness and consideration.

Some time later the patient's father sent him to New York for another of his fresh starts. He had for years professed an interest in writing and during his sober interludes, had turned his hand occasionally to journalism. In New York he worked for several weeks and evidently was headed for some success, having already had a few articles accepted, one by a magazine of wide circulation.

Idle drifting among dull and delinquent groups, vagrancy, and sporadic drunkenness, now intervened. He soon ceased all efforts to write, led very much the sort of life typical of men who have no opportunities left and (lacking an alternative) exist about large cities, lost to interest and incentive, in states often referred to as *being in the gutter.* Sometimes brawls in barrooms, quarrels about cheating in games of chance, etc., brought him into contact with the police. For several months he wandered in the slums of the city, often being brought in by the police or taken to Bellevue and other hospitals for brief periods of treatment.

On returning home, Joe's career began all over again at the point on which he had left off and continued until his present admission to this hospital. Though always cooperative, he was anxious to go before the staff for diagnosis as soon as possible, since he would only then become eligible for parole. Tactful and not obviously demanding, he did not at first press his requests but, after several delays had occurred, sent the following lines to the physician in charge of his case:

"Request is respectfully made
By R—— number 6-7-3-0
That his humble case may be laid
Before a busy medico

Patient seldom hears the voices,*
Never waxes vitriolic;
Quite discerning in his choices
For a chronic alcoholic.

Quiet and cooperative,
He is no wise sadistic;
Records have it that his native
Instincts are all altruistic.

A suicidal tendency
Is foreign to his credo,
Due to the marked ascendency
Of exhibitionistic ego.

Voluntarily committed,
The patient can stand the gaff
If only he were permitted
Presentation to the Staff.

Patient does not wish a discharge
From this psychopathic knoll;
He has no urge to roam at large,
But he would like to have parole.

And so, if it is convenient,
Your call is respectfully urged;
Hoping that you will be lenient
When my rye psychosis is purged."

There is little need to give in detail the record of his failures to adjust to these new responsibilities. His behavior was virtually the same as that already described in such patients while on parole status in psychiatric institutions in a situation where it is clear to them their freedom is sure to be curtailed if irresponsible or antisocial actions occur.

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*This reference to hearing voices is, of course, made in jest. He has never been hallucinated.

No matter how often he was brought in by police or hospital attendants or confined at the barracks for unacceptable behavior, always, in requesting restoration of parole, he seemed to have complete confidence in himself and to feel sure that others would feel likewise. His superficial charm, plausible explanations, and apparent sincerity enlisted the support of all who met him.

During his various periods on parole he met many women, some of whom he convinced he was being treated with incredible injustice at the hospital. Several intelligent and attractive women, persuaded that he was not understood, began to visit the hospital and intercede with authorities there whenever restriction of his privileges became necessary.

Even female employees of the hospital were not immune to his charm and found it difficult to believe he was anything but a wonderful and trustworthy fellow whose only difficulties arose from poor judgment or unfair attitudes on the part of his family or the physicians. Some of the nurses whose past experience with similar problems and direct observation of this subject would, one might think, make it impossible for them not to recognize his serious disorder, seemed for a while inclined to believe that such an impressive man as this simply could not continue in failures so futile.*

At the weekly dances held for patients he intrigued and delighted large numbers of feminine visitors. Some of these devoted themselves to his cause, quickly convinced that sufficient sympathy and full demonstration of faith in his inherent manliness would solve his difficulties.

At Joe's suggestion some of these admirers wrote to officials of veterans organizations and even to congressmen in Washington, insisting on special intervention in the case. On many occasions the patient violated the terms of his parole, returning several hours late from passes after being with some of these kind and zealous ladies who had become increasingly determined to mother him, or perhaps to save him by more frankly exciting methods.

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*One of the most attractive and intelligent nurses in the hospital had, several years previously, married a patient diagnosed as psychopathic personality and much more obviously a poor marital risk than our present subject. The story of her experiences with him could not be adequately given without devoting our entire volume to it.

Despite all these efforts in his behalf, his behavior became worse and consequently his periods of parole briefer and less frequent. He soon demanded his discharge. His family emphasized the great and needless difficulties that would result and urged, in the name of common sense, that he not be released. Since the commitment furnished legal authorization, the medical staff kept him despite his protests.

At the suggestion of the chief of staff, who had consistently reacted to his failures with extraordinary patience, steps were taken that would lead to his soon regaining parole privileges. Just before these steps were completed communications arrived from Washington citing bitter complaints about the hospital, quoting vicious and startling accusations against this patient's particular advocate, the chief of staff, who, in the opinion of many, had often gone too far in trying to meet his demands.

The patient had written to government officials, employing his cleverness, learning, and ingenuity in such a way as to make some people in high authority suspect that the most fantastic and implausible injustice had been done him. He had, furthermore, so used his father's standing in his home community and manipulated the great respect in which his father was held that he evoked an extraordinary reaction. Some in Washington were so stirred and misled by his tactics that they apparently acted under the impression that the father's testimony supported that of the son.

When questioned about this surprising attack directed chiefly against the most lenient of all his physicians, Joe was supercilious and a little arrogant, insisted on skipping these subterfuges and getting down to brass tacks about the restoration of his parole. There seemed to be no sense of shame or dismay in this role, or at having nothing at all to back up the serious charges he had made.

After being granted parole again, he so conducted himself that the police put him behind bars and notified the hospital of this fact. Shortly afterward he attempted to escape. The attempt was made soon after he had given his word, with all describable aspects of sincerity and with a clear demonstration that he fully understood his commitments and agreed to abide by them.

He became more and more difficult to deal with by the rules and procedures of a hospital set up for the ordinary type of psychotic patient. After a trying period for himself and his physicians, he called in an attorney. By legal procedures that followed the approved technicalities he obtained his wishes.

Less than a week after Joe's departure from the hospital he returned in such a state that anyone could tell he needed shelter and assistance. At the outer gate of the hospital grounds he demanded that he be admitted. The physician on duty interviewed him and explained that legal steps had been taken which made it impossible for the hospital to readmit him. He begged and argued and brought forth the most cogent and practical and pertinent of reasons why he should be under supervision and treatment. The physician who talked with him agreed with all he said. But despite this agreement and common understanding, there was no means by which he could be taken back.

Chapter 17

MILT

AN incomplete account of this patient will be offered. His behavior and his apparent subjective reactions differ little from the cases already presented. He serves, however, as an example of the psychopath who resorts to no alcoholic beverage. Although drinking is sometimes prominent in a superficial appraisal of the clinical picture, non-alcoholic psychopaths are not so rare as the preceding accounts might lead one to believe. Since many observers still tend to explain such patients' essential difficulties as being caused by drinking and in legal matters stress is put upon this factor, it is, perhaps, worth while to consider this case.

At the age of nineteen, Milt was admitted to a general hospital for psychiatric study. His mother and other relatives who had brought him from his home in a neighboring state expressed the greatest perplexity about his condition. The behavior which had resulted in his hospitalization became prominent about two years previously, but he was described as being sporadically unreliable and unresponsive since the early teens.

The patient's family were people of considerable means and had for many generations been prominent and highly respected in a city of approximately 100,000 inhabitants. His male antecedents had been judges, bank presidents, distinguished physicians, and brokers. The women on both sides of his family were almost uniformly charming and responsible members of the community. Four years prior to the boy's admission to the hospital his father's business had failed and in the consequent readjustment it was revealed that the father had disposed of large funds illegally. The family was able, however, to make arrangements which prevented serious legal action and the father at present is established in another business. Except for this episode the father's career does not show any evidence of unusual or serious asocial behavior. Nothing at all in the father's activities can be found which would suggest the kind of behavior so prominent in the son. However, indefensible the misappropriation of funds may be, it is an action based on motives which anyone can understand, though one may not approve of it. Sufficient income still existed for the family to live well. The patient's older brother, an older sister, and one younger brother were all regarded as normal and attractive young people. The two older siblings had finished college successfully.

The first thing which caused the parents worry was the patient's apparent failure to take anything seriously. Milt often became involved in adolescent pranks but, unlike his playmates, he did not profit by his mistakes. If he, with other boys, destroyed property during the celebration after a high school football victory, he seemed unable to realize his responsibility for the damage. His verbal apologies were magnificent and he seemed in discussion to understand fully that he had been in the wrong. He would, however, soon repeat the same deed and, if apprehended, expressed his regret with the same charming politeness but apparently without any awareness that the continued repetitions robbed his promises of conviction.

Milt's mother describes him as having become callous, saying that there seemed to be no way in which she could arouse any actual response. He agreed readily when rebuked, so readily, in fact, that the mother finally began to feel that the meaning of her words did not touch him.

An incident during the previous year illustrates this young man's specific indifference to stimuli accepted as basic by the ordinary person. His mother, who had just returned from the hospital after a major surgical operation, found it necessary to attend personally to an urgent matter of business. Our patient graciously volunteered to drive her on this mission in the family's automobile.

He had been, on the whole, thoughtful and attentive to her during the illness, and she had tried to grasp some shreds of encouragement from his apparent attitude on which to build hope again that favorable changes lay ahead. She had recovered sufficiently to sit up and to walk about a little but the surgeon had strongly prohibited any major physical exertion.

It was necessary to cross a long bridge over a river at the edge of town to reach their destination and both the patient and his mother were vexed when the car stopped near the center of this bridge, leaving them inconveniently isolated. Milt, who was rather expert in such matters, soon found the cause of the trouble. A fuse had blown out. There being no extra fuse on hand and relatively little traffic at this hour, he offered to walk to a garage less than a half mile distant and bring back the simple article needed. Darkness was falling and it was difficult to estimate when another car might pass which could be utilized to expedite the trip to the garage. Most drivers crossed this bridge at high speed and there might be difficulty in flagging anyone down as darkness increased.

Bidding his mother an affectionate good-bye, Milt cheered her with the assurance that he would be back in less than fifteen minutes. Someone at the garage, he pointed out, would be glad to drive him back, so she would be left alone hardly more than a moment.

After a half hour, uneasiness developed in the mother as she waited, wondering about the possibilities of an accident having befallen her son. An occasional car racing across the bridge prompted dreadful speculations about hit-and-run drivers and the much publicized dangers of mutilation and death on the highways. When an hour had passed Milt's mother, still, perhaps, more susceptible to stress than ordinarily because of her recent operation, became desperate.

Her own situation was far from pleasant. The business she had to transact was important and she had not regained sufficient strength to put up easily with this complication. Forbidden to walk any considerable distance, she found herself unhappily marooned in a spot where it was not unnatural for a woman left alone for an indefinite time to think of unpleasant possibilities, including robbery or personal molestation from night wanderers.

Her increasing worry about her son diverted her from preoccupation with her personal safety but finally brought her to a point little short of panic. After waiting a little longer she got out, stood in the middle of the bridge, and at length succeeded in signalling a motorist who drove her home.

Almost frantic, she telephoned two hospitals to inquire at the emergency room about injured persons recently brought in from the road. She had already sent her younger son with a neighbor who offered assistance by automobile to inquire at the garage where Milt had told her he would get the needed fuse and to search that neighborhood. Before this expedition returned Milt himself appeared.

He had, he explained, procured the fuse, started the car, and driven on home. During the next hour he by turns showed vexation at his mother for not having waited until he so belatedly got back and a bland immunity to any recognition that he had behaved irresponsibly or inconsiderately.

Milt had begun his trip to the garage with commendable haste. Shortly after leaving the bridge he passed a cigar store, where, noting that the afternoon's football scores were being posted on a blackboard, he lingered for ten or fifteen minutes to check results.

During this interval he recalled that a girl he knew lived a half block down a side street in this neighborhood and decided to drop in on her for a moment. She greeted him cordially and he spent approximately an hour in her company. There is no evidence that any sudden sexual urge diverted our patient or of any other strongly tempting impulse. He had no especial liking for the girl and no attempt was made to gain even the mildest erotic favor.

Milt chatted with the girl amiably but desultorily about trifling matters. His departure followed the arrival of her date for the evening, whose rights to her company he acknowledged after a pleasant exchange of courtesies by bidding them good-bye and going on his way.

It is interesting to note that this conduct did not result from absentmindedness, from specific amnesia or confusion, or from some attraction so enthralling or distracting as to delay or divert a person from even a mildly serious mission. He was quite aware all through the episode of his mother waiting on the bridge and seems to have been free from any grudge or other impulse that would influence him deliberately to offend her or cause her hardship. Missing from his realization, apparently, was the evaluation of her emotional reactions that would in another have outweighed a whim so petty as that which in Milt gained easy ascendancy.

During his third year at high school he began to practice truancy, one or more times a week not going to school at all but hanging around poolrooms, going to the moving pictures, or aimlessly wandering in the streets and parks. His absences were, of course, reported, and, as he could not have failed to foresee, became known each time to his parents. He often began by denying, simply and with the most thorough appearance of innocence, all charges of truancy. After the charges had been obviously demonstrated as true, he gave ingenious excuses. As these episodes continued, his excuses became more easily recognized as absurd or impossible. He always expressed regret, usually admitted himself at fault, and never failed to make convincing promises that the truancy would never recur. Efforts were made by various relatives, by physicians, and by scoutmasters, to find out why the boy behaved as he did. He did not show a particular interest in any hobby or in any dissipation. All were at a loss in trying to discover what was his motivation. He was apparently frank with those who tried to investigate his reactions, seldom became sulky or evasive, and never showed anything that looked like genuine embarrassment or a realization that he had been caught in a lie. He always stated that he understood the necessity of attending school regularly and seemed actually, from what he had to say about it, to understand this better than the average boy of his years.

Meanwhile he mixed freely with his contemporaries, attended dances, and played football. Sometimes he failed to attend football practice, deciding instead to loll about his room. He was, however, quite energetic when he chose to bestir himself. His ability was regarded as high by all his teachers, though his academic standing suffered from the gross neglect with which he treated his studies.

Not only his parents but also the two older siblings noted that he began to show less interest in companions of his own social status and to seek the company of boys and girls who were regarded by his friends as beneath him in taste and intelligence. Although many of his new associates were of questionable moral standing, they are described as being depressing or boring rather than actively depraved. He did not appear to be particularly driven by sexual urges for which he might be seeking fulfillment with these girls who were his so-called social inferiors. He did occasionally have intercourse but probably no more often than other boys of his age and class.

Now and then he failed to return to his home during the night, choosing to stay with some of his new acquaintances. He was never reported drunk and apparently did not use alcohol at all. When questioned about his absence, he usually made glib excuses. When his stories were broken down, he often showed pique and seemed to feel that he was being unjustly bothered. Sometimes he would admit, with what seemed strong sincerity, his inconsiderateness. But a week later his parents would pace the floor, telephone dozens of his acquaintances, and spend a miserable night of anxiety, only to see him appear next day with some casual explanation.

Once after he had remained away for two full nights, the police were called. He was picked up at a dive where slot machines and other gambling devices furnished amusement to mill workers and rustics from the surrounding countryside. He had previously driven over to a near-by city with a casual acquaintance who had gone there in the course of his duties as a traveling salesman. The fact that he had not taken the trouble to inform his mother of his intentions seemed to him a trifle in comparison with what he indignantly regarded as the meddling of his family in asking the police to look for him.

He showed little regard for the convenience or the property of others, sometimes misappropriating things which he apparently did not mean to keep or sell but which he put to his own use without ordinary regard for the trouble inflicted on relatives, friends, or strangers. An example will illustrate:

Noting that a family in the neighborhood was on vacation, he tampered with the wiring of their car until he arranged connections by which he could start the motor without need of a key. Driving off to the house of a slightly younger friend, he explained that an uncle had given him the car and that he was leaving on a pleasure trip to New York. Another fellow, he said, who had planned to go with him, at the last moment had to give up the trip. Our patient suggested that the friend come along.

Everything indicated that the situation was as represented. There was casual mention of details that suggested ample financial provision for all needs. Making hasty arrangements and telling his family of the fine opportunity, the friend joined in the expedition.

Our patient showed no signs of haste or uneasiness and the other boy's parents later regarded it as almost inconceivable that he could have been so self-assured under the circumstances.

Both travellers were surprised when they ran out of gasoline seventy or eighty miles away from town. The fuel gauge was out of order and had given misleading information.

The boy who had been persuaded to come along soon got other surprises. It became apparent that Milt had only a few dollars on him and was expecting his guest to contribute most of the expense for fuel. Suspecting a good deal now about the situation, the friend refused to give over what he had and decided not to go on.

Making his way to the nearest telephone, our patient called his family by long distance (reversing the charges), told them of being stranded in this lonely spot, that he lacked sufficient funds to get back, and that he needed them to come for him at once.

Milt had apparently hoped to get some money from his companion at the beginning, then to sponge or panhandle along the way, to beat the bill at restaurants and filling stations, perhaps to get additional cash from time to time by playing slot machines or gambling in night spots or by misrepresentations and petty swindling. He thought, too, that if necessary he could sell the spare tire, a new spotlight, the radio or other accessories from the car. The patient intended, it seems, not to dispose of the car itself but to return it, surreptitiously, after it had served his purpose.

It is interesting to contrast the ingenuity in some features of his plan with the injudiciousness of the general scheme. The talk of going all the way to New York with which he beguiled his companion probably represented a vague hope (if lucky breaks occurred, etc.) but the unlikelihood of getting that far did not deter the patient in his actions. Apparently Milt said to himself, well, if we don't make it all the way to New York, at least we'll have a good trip and see a lot of other places nearer at hand.

His parents, who had been deeply worried over his unexplained absence, drove through a hard rainstorm in haste and arrived exhausted and considerably upset. Milt was calm and full of ingenious explanations. His father arranged for the misappropriated automobile to be returned to its owner. The patient seemed not to understand why everyone got so upset and "nagged at him" about what had happened.

He did not seem to be prompted by strong yearning for adventure or any obvious, formulated, or purposeful criminal bent. Though he frequently stole small sums of money from his family, he did not engage in robbery or any regular and understandable misdemeanors while out on these jaunts.

He was at this stage sent off to a strict school in Virginia where discipline was stressed more than studies. After many misadventures he graduated satisfactorily. During his time at the preparatory school he showed no real or serious formulation of an aim and no encouraging tendency to change. When at home during vacations he continued his old practices. His family often sought to find out if he misunderstood or resented anything in their treatment of him. He was offered more freedom, a larger allowance, and other inducements to be more cooperative and considerate. He accepted these proposals, but always continued to steal money from his mother's purse, to pawn objects from his home, or to go off for a day or two with the family car, sometimes damaging it or leaving it without gasoline.

After graduating from school he entered a well-known military college in the East. For a year his progress in his studies was uneven. He was plainly bright, but he sometimes failed to attend an examination or to appear at drill. Occasionally he disappeared for longer periods. He gave various and very shrewd accounts of illness at home and of other emergencies. Since the college specialized in reshaping headstrong youths, unusual efforts were made to keep him despite his many irresponsible and absurd capers. He consistently cheated and lied but when rebuked denied all charges with astonishing suaveness and aplomb.

Shortly before his admission to the hospital he had been expelled, during his second year, from the military college. The events which led to the expulsion were typical of the psychopath. After a long series of irresponsible and often dishonest acts, Milt went downtown without permission when the cadet corps was assembling for a formal drill in celebration of the visit of a high military authority. He remained away all that afternoon and night but returned next day, quite casual, and gave glib but hollow excuses for his absence. He had not been drinking and he knew perfectly well that he would have to face serious disciplinary action on his return. He was not a forgetful or absent-minded person but appeared to be quite deliberate in his failures.

Shortly after this and while confined to barracks, Milt slipped away again and deliberately started a rumor that he had married a local prostitute. This story came to the school authorities and was for a time believed to be true. Later it was proved false, the patient having thought it a good joke to spread the report. While action on these matters was pending, he slipped out of his quarters again against the college regulations. Two other cadets, responsible in the matter, had to report him. He at once denied their report though the facts were plain and plainly showed him in falsehood. His family was informed that it had become impossible to persuade any one to room with him and that the student body could not put up any further with him.

Milt arrived home apparently well pleased with himself. He admitted that he was sorry to leave college, for which he had voluntarily expressed a desire and to which he had never objected. He quickly placed all the blame for his expulsion on others and seemed to feel that nothing more should be said of it. What explanation he gave his parents centered about points of honor and principles which he let them know it was not modest or quite proper to speak of frankly and fully. He meant to promote the belief that he had, out of respect to the stoic traditions of honor in the school, sacrificed himself to protect another. There was not the slightest thread of truth in the skein of lies and false implications he built up about this, but it very naturally appealed to his parents.

Examination at the hospital showed a splendid figure of a young man slightly over six feet in height, weighing 180 pounds, and free from any sign of physical illness. Milt was neatly and becomingly dressed, distinguished in manner, alert, and intelligent. Though his politeness was unfailing, it was plain that he thought the psychiatric examination a bore. He confessed that he held it as nothing short of ridiculous for his parents to consider that there was any possibility of his having a personality disorder. He showed no interest in efforts to approach whatever emotional factors might lie behind his maladjustment and apparently was incapable of realizing that he had shown signs of maladjustment. His technical reasoning powers were excellent.

All the information about his past was discussed. Milt made many ingenious excuses, and if too much undeniable evidence was presented for him to persist in them, he dismissed the point. He would, in response to leading questions, state at times that phases of his situation seemed serious, but it was plain that he was not moved. No evidence of any substantial affective relation with his family, with girls, or with friends could be elicited. In discussing his expulsion from college he maintained that he had been a victim of the military code of honor, allowing himself to be sacrificed instead of denying the report of the other cadets, which he calmly maintained was a falsehood.

"It had to be me or those boys. They were seniors, and it would have been harder on them than on me to be sent down."

A few days before entering the hospital he had been arrested for speeding after taking the family car without permission. He was given a summons but neglected to appear at court next morning. The police found him and brought him to the barracks where he telephoned to his parents and indignantly demanded that they come at once and have him released. Hoping that the night in jail might be helpful, they refused to do so, carefully explaining their reasons. On being released he showed plainly that he felt he had been seriously misused but condescendingly offered a cool forgiveness. Milt had no excuse for not answering his summons except to say that he had overslept. He had, however, been on the streets for several hours when the police arrested him at about noon.

This patient showed no sign at all of an ordinary psychosis. He was self-possessed, shrewd, and entirely calm except for a polite impatience to be gone from the hospital.

Milt was told frankly that everything indicated a serious condition and one that demanded his attention and his major efforts. He was bored with all efforts to approach him but agreed to undertake a detailed plan that was worked out. It was plain that he had no idea of doing so. On leaving the hospital he continued exactly as he had been doing before.

PART 2

Incomplete Manifestations or Suggestions of the Disorder

The voice is Jacob's voice, but the hands are the hands of Esau.
Genesis 27:22.

Chapter 18

DEGREES OF DISGUISE IN ESSENTIAL PATHOLOGY

THE cases already reported are only a few among many hundreds whom I have observed. All of these people, when their records over the years are considered, strike one as remarkably similar. If the story of each could be told in detail, it is believed that the similarity would become more plain to any reader. It is the contention of the present argument that this personality disorder shapes and hardens into the outlines of a very definite clinical entity or reaction-type, into a pattern of disorder quite as recognizable and as real as any listed in psychiatric nomenclature. When a large number of such cases are considered carefully, the vagueness with which they are often regarded lessens and the type emerges certainly not less sharp than that type on which is based the concept of schizophrenia. But vague as the concept of schizophrenia remains, and as various as are its manifestations, the schizophrenic, when recognized, is promptly called a patient with mental illness and treated as such. The psychopath, however, continues to be treated as a petty criminal at one moment, as a mentally ill person at the next, and again as a well and normal human being—all without the slightest change in his condition having occurred. I do not have any dogmatic advice as to a final or even a satisfactory way of successfully rehabilitating psychopaths but believe that it is important for some consistent attitude to be reached.

In the hope of letting major features of the clinical picture emerge more clearly, the following case reports are added. The persons already described are regarded as typical examples showing the disorder in its distinct clinical manifestations of disability. Many of them are plainly unsuited for life in any community; some are as thoroughly incapacitated, in my opinion, as most unmistakable cases of schizophrenia. Whether this is to be regarded as a more or less willful contrariness or as a sickness like schizophrenia, in which the patient is to be protected and looked after, may for the moment be put aside.

In the reports which follow an effort has been made to present persons who are able to make some sort of adjustment in life and who may perhaps be regarded as less severely incapacitated, and in varying degrees. These cases are offered as examples showing, in some respects, indications of the same disorder seen in the others. In them, however, it may be regarded as milder or more limited. The psychopathologic process, the deviation (or the arrest, if one likes, is, as with the others, a process affecting basic personal reactions; but here it has not altogther dominated the scene. It has not crowded ordinary successful functioning in the outer aspects of work and social relations entirely out of the picture.

Some of these I feel are definitely psychopaths, but milder cases, just as a patient still living satisfactorily in a community may be clearly a schizophrenic but nevertheless able to maintain himself outside the shelter of a psychiatric hospital. Others might not deserve to be called psychopaths but seem to show strong, even if not consistent, tendencies and inner reactions characteristic of the group. These, in comparison with the definite psychopaths, may be regarded in the same relation as the queer schizoid personalities, in whom one sees no technical psychosis but, very plainly, the subjective essence of what is most distinctly schizoid, stand to the full-blown schizophrenic with his delusions, hallucinations, and unmistakable objective manifestations of psychosis.

An example will, perhaps, make this comparison more concrete.

Recently I was consulted by a man thirty-two years of age whose only complaint was of a general listlessness which he had noticed for about a year. He was a tall, rather slender person, slightly brittle in manner, and gave a definite impression of being not very much worried about his complaint. He lives with his parents in a small town where he makes an excellent salary as an expert in looking after electrical machinery in a large mill. He enjoys the title of engineer though he had no formal education beyond that obtained in a rustic high school. Examination soon brought out the fact that he had never had sexual relations with a woman. He had, however, made the attempt not once but many times, the first attempt being twelve years ago. He succeeds in having erections but ejaculatio praecox always occurs, and he fails entirely to effect an entrance.

This situation, which most young men would find nothing short of distressing he spoke about very casually. Questions concerning his attitudes toward love and women brought rather stereotyped answers. He denied ever having scruples about fornication. To him it was evidently neither good nor bad. His attempts to practice were, it would seem, made with a vague idea of doing what was the custom. He professed to be interested in overcoming his inability to perform intercourse and showed no embarrassment and little reticence about sexual questions but gave a strong impression of having only the shallowest interest. His entire emotional life seemed perfunctory and without warmth. Nothing in his experience could be elicited which brought forth any vividness or enthusiasm. He said that he was at present going with a girl whom he would like to marry, but his attitude toward her seemed without any tangible desire or eager anticipation. At times he gave a stilted, incongruous little laugh that sounded almost exactly like the manneristic laugh so familiar in actual schizophrenics. No delusions or hallucinations could be brought out. He had been leading an outwardly successful life, and is a fairly conscientious and reliable member of society.

The man mentioned above could certainly not be called legally incompetent at present. Nor should he, in my opinion, be diagnosed as a case of schizophrenia, with all the practical implications of being adjudged psychotic. He is mentioned in order to compare him with the patient who is psychotic and who is a frank case of schizophrenia.

As an example of the developed schizophrenic, let us consider a former patient of mine who often sat for hours in a corner staring vacantly into space, his lips moving, and silly, grimacing smiles flitting across his face. Sometimes this man would not answer questions, apparently not even hearing them, so absorbed was he in subjective contemplation. Again he would grin glassily and wink his eye or occasionally speak with passion about strange machinery in a distant city which enemies whom he referred to merely as "they" were using to inject queer colors into his thoughts and sometimes to make him ejaculate. This man at times suddenly attacked others. It was eminently necessary to keep him on a closed ward and under close supervision.

In some of those to be presented, such a comparison probably would not be justified. Some might more accurately be thought of as showing scattered indications of such a disorder, suggestions of a disturbance central in nature but well contained within an outer capsule of successful behavior much deeper that the merely logical and theoretical rationality of the disabled psychopath. In those who consistently support themselves and pass regularly as acceptable members of the social group, we can only be astonished at the difference between such technical outer adjustment and the indications of deeper pathologic features so similar to those found in the complete manifestation of the disorder.

There are many patients who show relatively circumscribed anti-social behavior or temporary episodes of gross, general delinquency, who have, I feel, much less in common with the obvious psychopath than those who make a better outward impression but who consistently show signs of inner subjective reactions typical of the clinically disabled patient.

These patients with temporary or circumscribed maladjustment or self-defeating behavior will be referred to later at greater length.* They are mentioned here to distinguished them not only from the fully manifested psychopath but also from those who, over the years, show more subtle indications of widespread and intractable defect or deviation in essential personal reactions and subjective evaluations.

The psychopathologic process, or state, which I believe is seriously disabling the patients already presented, may be regarded as affecting in part and in varying degree those yet to be discussed. It may now be added that I believe that in these personalities designated as partially or inwardly affected, a very deep-seated disorder often exists. The true difference between them and the psychopaths who continually go to jails or to psychiatric hospitals is that they keep up a far better and more consistent outward appearance of being normal. This outward appearance may include business or professional careers that continue in a sense successful, and which are truly successful when measured by financial reward or by the casual observer's opinion of real accomplishment. It must be remembered that even the most severely and obviously disabled psychopath presents a technical appearance of sanity, often one of high intellectual capacities, and not infrequently succeeds in business or professional activities for short periods, sometimes for considerable periods.

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*See pages 294 to 315.

I maintain, however, that the actual but concealed personality disorganization in a deeper sense is, in some of the cases now to be described, also far-reaching and profound. Although they occasionally appear on casual inspection as successful members of the community, as able lawyers, executives, or physicians, they do not, it seems, succeed in the sense of finding satisfaction or fulfillment in their accomplishments. Nor do they, when one knows the full story, appear to find this in any other ordinary healthy activity. By healthy activity we do not need to postulate what is considered moral or decent by the average man but may include any type of asocial, or even criminal, activity so long as its motivation can be translated into terms of ordinary human striving, selfish or unselfish.

The chief difference between the patients already discussed and some of those to be mentioned lies perhaps in whether the mask or facade of psychobiologic health is extended into superficial material success. I believe that the relative state of this outward appearance is not necessarily consistent with the degree to which the person is really affected by the essential disorder. An analogy is at hand if we compare the catatonic schizophrenic, with his obvious psychosis, to the impressively intelligent paranoid patient who outwardly is much more normal, and may even appear better adjusted than the average person. The catatonic schizophrenic is more likely to recover and, despite his appearance, is often less seriously disordered than the paranoiac.

It becomes difficult to imagine how much of the sham and hollowness which cynical commentators have immemorially pointed out in life may come from contact in serious issues with persons affected in some degree by the disorder we are trying to describe.[224] The fake poet who really feels little, the painter who, despite his loftiness, really had his eye on the lucrative fad of his day; the fashionable clergyman who, despite his burning eloquence or his lively castigation of the devil, is seriously concerned chiefly with his advancement; the flirt who can readily awaken love and cannot feel love or recognize its absence; parents who, despite smooth convictions that they have only the child's welfare at heart, actually reject him except as it suits their own petty or selfish aims: all these types, so familiar in literature and in anybody's experience, may be as they are because of a slight affliction with the personality disorder now under discussion. I believe it probable that many persons outwardly imposing yet actually of insignificant emotional import really are so affected.

Let us not, however, attempt to explain all pretense and all fraud on this basis. There are many other psychopathologic reactions beside the one with which we are now concerned. And these, too, are capable of producing such results. Let us be especially chary about assuming this limitation in our enemies or our neighbors. The mechanisms of reaction-formation, projection, rationalization, and many other distorting influences work in all of us at the behest of envy, pique, or prejudice. It is not easy to estimate the degree of our neighbor's sincerity, the worth of an artist's production, the clergyman's real motive.

Some of the episodes or symptoms mentioned in the brief sketches that follow may represent less profound inner disturbance than anything properly belonging with that of the real psychopath. Many of the acts might in isolation occur in the lives of people who at length achieve excellent adjustment not only externally but within. The material to follow is offered not primarily for the purpose of making a diagnosis of psychopathic personality but in illustration of features which specifically characterize the psychopath and which may, against a background of better general adjustment, emerge in sharper clarity. What can be learned from fantasy or dream in the normal person, from prejudice or many socially admired forms of self-renunciation, has been of value in psychiatric efforts to understand schizophrenia and other grave personality disorders. Many of the characteristics and reactions seen in extreme exaggeration among the psychotic appear sometimes to be utilized by those of great talent and excellent psychiatric status in the successful pursuit of valuable personal and social aims.[143] It is unlikely that the specific reactions of the psychopath can be directly utilized for important positive accomplishment. It is believed, however, that many persons in bewilderment and frustration fall into similar reactions temporarily and eventually, finding better means of adaptation, profit from what has been learned through the pathologic experiences.

The following accounts are given, then, for what light they may reflect on the serious clinical disorder manifested in the previous cases.

Chapter 19

THE PSYCHOPATH AS BUSINESS MAN

NO attempt will be made to give a detailed history of this man. Let it suffice to say that the incidents mentioned are not isolated experiences in the general life pattern, but rather expressions of a motif which persistently recurs to interrupt the outward serenity.

He is now fifty years old, and he has gone on to achieve considerable business success, being an equal partner in a wholesale grocery concern. As a business man there is much to be said for him. Except for his periodic sprees, he works industriously. He has contributed foresight and ability to the business, whereas his partner has contributed the stability necessary to keep things going when he is out of action.

He is pleasant and affable during his normal phases, which make up the greater part of his time. One gets an impression, however, that ordinary life is not very full or rich, that strange gods are ever calling him, and that the call is far dearer to his heart than anything else. He is, perhaps, like a man who through necessity has given himself over to foreign ways for most of his hours and who goes on fairly patiently but without spontaneity until the time when he can throw it all aside for a while and go wholeheartedly at what he finds really to his taste.

These recesses are sometimes taken at intervals of a week; occasionally several months go by without one. They sometimes last merely a few days, sometimes a week or more.

He does not drink in groups with men and women whom he meets in the ordinary course of his life. It would never occur to him to have a cocktail party or to serve whiskey to friends in his own house. Apparently he can see no point in what might be called ordinary or normal drinking, in the sense, say, of taking several highballs to be warm and lively, to talk more gaily to pretty women and cut a finer figure in their eyes, to be more playful, to throw aside the routine problems of the day, and to express oneself a little more vividly.

If he drinks at all, it is to reach a state of roaring folly and perhaps to continue until he may fall limp. He frequently goes out of the city and, in some hotel of dubious standing, gathers a few coarse companions and begins to pour liquor into himself on such occasions. His associates are usually uninteresting drifters or vagrants ready to accept any handout. Sometimes obvious psychopaths are included. Often harlots are called into the room where this noisy group of fat, middle-aged men are already staggering about, sweaty in their undershirts or lying out half stupefied across the beds or on the floors.

The women are stripped or encouraged to strip themselves, and among those men still able to flounder about a great clamor arises. The women are chased about and fumbled over. Intercourse is accomplished by the more energetic ones, not in the privacy ordinarily considered desirable but in the presence of all and often on beds across which a more sodden member of the group lies snoring.

Men and women stumble about, the men pouring more and more whiskey into themselves, the women usually drinking little but occasionally picking their senseless companions' pockets. Daylight often finds a few of this jolly brotherhood still wobbling feebly or crawling about the room in search of more liquor.

During the next day some pull themselves together and depart, others remain drinking and cursing through the morning and afternoon. Consciousness and power to speak or sit erect come and go through the hours. During these more lucid intervals some find what they take as exceeding delight in sitting, naked and unsteady, on the edge of an untidy bed, staring at a companion, smiling inanely, and, in slurred, mushy tones, repeating for thirty minutes or more:

"You old son of a bitch. You old son of a bitch, Jack. You old son of a bitch, you."

After such exploits the subject of our discussion returns home feeling pretty ill but apparently refreshed spiritually for his other kind of life. Again his sprees will take the classic form already described, which consists in having a Negro boy drive one out into the woods where one drinks to semiconsciousness and, after lying out for a satisfactory period, allows oneself to be driven home.

Usually these extravaganzas take place without attracting general attention but occasionally exuberance carries the play beyond its early secluded setting and the public is treated to puzzling displays. Returning from several days of ordinary lying out and still boisterous and maudlin by turns, this executive, disappointed in his wife's failure to greet him with proper enthusiasm, took a few more pulls from the bottle. Feeling suddenly much misused and sorry for himself, he rushed out on the lawn and began to bewail in thunderous tones the general injustice of his situation.

Since the time was high noon on Independence Day, he soon drew a fair-sized audience. Stimulated by this, he rushed to the dog's kennel, fumbled with the brass-studded collar of his big Doberman pinscher, who, patient-eyed, watched his frantic master. Gaining possession of the collar, he placed it around his own neck and, with the leash flying behind, set off at a lively pace through the neighborhood. Attempting to bark like a dog as he went and shaking his collar, he succeeded in conveying his conviction to the public. Not only was he, in the figure of speech, "in the dog house" (in his wife's disfavor), but in vigorous canine outcries he registered his protest.

Trotting over the well-kept lawns and about the gardens, he was observed by many acquaintances who lived near him in this fashionable section of the city. Occasionally, in bursts of zeal, he practiced or mimicked the dog's well-known ritual in which eliminative and gregarious impulses blend. By the time he drew near the outskirts of town he had a retinue of small boys in his wake. Realizing now that it was Independence Day, he led them to a small store where fireworks were sold and, roaring with wordy generosity, bought for them dozens of Roman candles, firecrackers, and sky rockets.

For a while his irrelevant shouts merged with the hissing and popping of fireworks but, becoming always more aggressive and purposeless, his efforts to direct his companions began to vex them. With the well-known callousness of small boys where mischief is concerned, they hit upon the idea that it would be more fun to direct their Roman candle barrages at or close about this comical stranger and to chase him.

As the sky rockets began to whiz by his wobbling head and the fiery balls from Roman candles to play about his vicinity, he blundered into flight. With the shouting, joyous band behind, he made a zig-zag progress which finally led him to the house of a friend.

This man has never been admitted to a psychiatric hospital. He has often spent a few days in general hospitals while sobering up and occasionally a week or more in retreats which advertise their success in *curing the liquor habit.*

For perhaps eighty or ninety per cent of his existence he has been a prosperous and respected member of his community and outwardly is not unlike other men of the same position.

Chapter 20

THE PSYCHOPATH AS MAN OF THE WORLD

HE comes of excellent stock and his educational background includes four years at a celebrated preparatory school and three at a well-known university. During his student days he took no interest whatsoever in any of his studies. His shrewdness, his skill at utilizing the work of his friends, from whose papers he usually patched together his own themes and essays, and his reliance on cheating in examinations enabled him to stay in the university through his junior year. His real interests during this period consisted in decking himself with fine clothes in which to saunter about, in presiding at social gatherings, and in flimsy but pretentious love-making with a large number of prominent young ladies. In the eyes of these and of their mothers he passed as a dashing beau, almost as an *arbiter eligantiarum.*

Among his fraternity brothers he was regarded with mixed feelings. Though better supplied with funds than most of his associates, he did not pay his dues and seldom his board at the fraternity house where he occupied the choice quarters. These shortcomings, however, were tolerated if not entirely overlooked because of the urbanity he lent to house parties, his impassioned speeches on the sacred mysteries of brotherhood, his eloquence and skill in inducing desirable freshmen to join his group, and the general air of *jeunesse doree* which encompassed him. Some of his contemporaries, vexed at finding their dinner clothes or their favorite shoes always on this peacock at the very time they were most needed by the rightful owner, and pressed to pay dues and other expenses which were higher for others because of his delinquencies, occasionally grumbled and cynically wondered if this glittering brother did not have special grounds for his fraternal zeal. His consecration in whipping up fraternity spirit in less ardent members was notable.

Space forbids a detailed survey of his career. It has been remarkably consistent. At nearly fifty years of age he finds no difficulty in having always at his beck and call several women who rush to comfort him and who work incessantly to find new positions for him each time he loses the last one. For long periods of his life he has been almost entirely supported by wealthy ladies who entertained him for weeks at fashionable house parties in summer and at winter resorts, who "lent" large sums of money to him time after time when he moaned his inability to make a fresh start in life.

He sometimes slept with the wives of his friends but, when a careful study is made of his life, it appears that he sought a mother-surrogate rather than a mistress or a real mate. Invariably the relation was one in which the woman served as protectress and support. His most effective means of winning the favor of these ladies consisted chiefly in becoming maudlin drunk, weeping like a baby, begging his companion to give him lethal drugs so that he could destroy himself, and quite generally indulging in theatrics familiar in spoiled children.

In his work as insurance agent, cotton broker, automobile dealer, advertising specialist, etc., he showed consistent and remarkable capacities for rest and casual disregard of primary responsibilities. It is true that he made valuable business associations at the country club, where he played golf or loitered a good part of each day. These associations often enabled him to make a good living for brief periods, but no matter how easy the work or how favorable the prospects, he had no serious difficulty in failing. Nor had he any more difficulty in arousing fresh enthusiasm in some tender-minded lady, or ladies, to raise money for a new venture or to find some easy position for him in the business of her friends or relatives.

He usually preferred women older than himself, becoming, in fact, a veritable lion among dowagers in his community. Young women also have sought to mother him. The large number of women who appear in his life story have this in common: They have consistently been of sober temperament and inclined toward domesticity rather than flirtatious, erotically passionate, or promiscuous. This is true of his younger as well as of his older benefactresses.

Prominent in his plan of life one finds frequent sprees of drinking which he inaugurates by a few highballs in pleasant company but continues alone in his own quarters, in a hotel room, or perhaps in some bawdy house. These episodes sometimes occur without any objective precipitating cause but often follow some disappointment or reverse. He seldom fails to get word to the lady who is mothering him at the moment, giving dramatic utterance to his woe.

Strenuous efforts are made to save him. Doctors are called, friends are sent to reason with him, the ladies themselves plead. Despite all this attention, which he appears to relish keenly, he continues to drink, usually not incapacitating himself but taking enough to keep his protectors active. The spree often lasts for several days with our hero chiding and complaining, bursting into tears, heaping his own self-pity upon the floods of pity which beat about him.

Frequently it has been necessary to send him to general hospitals and occasionally to psychiatric hospitals, where he finally settles down amidst all sorts of dramatics.

About ten years ago, before the period of these observations, perceiving, no doubt, his own advancing years, he married an extremely intelligent widow some years his elder who had for a decade tried to rehabilitate him and who was generally regarded as wealthy. Though casually unfaithful to her, he kept up a better front for the two years during which she lived. She spent money lavishly on him. In addition to this, her fortune was drastically reduced in a depression, and she died leaving him only enough for a few months of extravagance. The night after her funeral he spent in a cheap brothel, drinking and weeping and moaning, apparently for himself.

His ability to alarm and to draw out protective impulses in women is remarkable. Superficially he gives the impression when with them of a dashing, somewhat predatory, male. He is not entirely without ambition as a lover and actually seduces some of his protectresses. His approach in seduction is, however, nearly always through pity.

On one of his recent sprees he called a young widow twenty years his junior and dramatically bemoaned his plight, insisting that only her influence kept him from blowing out his brains. Despite her earnest activities to cheer him up he continued to drink, calling her up from time to time to tell more of his sad state and how much worse he had become. That evening he came to her house and begged her to give him drugs with which to dispatch himself, then rushed off crying dramatically that he was en route to a notorious brothel. In the company of a male relative she followed him there and exhorted him to go home and sober up. As her pity and distress increased, his firmness in remaining hardened, and no doubt his pleasure also waxed sweeter.

This case well portrays the astonishing power that nearly all psychopaths and part-psychopaths have to win and to bind forever the devotion of women. Because of this they are often regarded as vigorous or romantic lovers, as men of peculiar virility. I believe, however, that they are seldom as well endowed in this way as the average man. Nor do they appear to be as much interested in really erotic aims as most men.

Such things, are, of course, impossible to prove or to demonstrate, but the more intimately one studies a large number of such people, the stronger one's impression becomes that it is chiefly woman's impulse to mother that they arouse. Feminine intuition senses that here, concealed beneath an appearance of maturity, is a baby, or something very much like a helpless, crying little baby. Her deep instincts to nurse and to protect this winsome little darling are unconsciously called out. The superficial relation of woman to her lover conceals this fundamental urge. She longs to take this defenseless creature, hold him to her breast, guard him, shape him, and let him grow up under her protection. Her feminine intuition, which so accurately divines the presence of the spiritual baby, fails, alas, to understand that it is a baby who will never grow up.

Chapter 21

THE PSYCHOPATH AS GENTLEMAN

THIS man, whom for convenience we may call W. R. L., first came to my attention professionally when seen strapped down in a continuous tub. There, surrounded by dozens of the most complete *madmen* an imaginative layman could conceive, he strained, cursed, bellowed, and hurled defiant imprecations at all about him.

Having seen him in the past occasionally at balls or garden parties in a southern city famous for the amenities of life, I was astonished at the spectacle he now presented. He literally raved as he twisted and spat, damning his wife especially but sparing no one. Though quieter and less dramatic when he believed himself unobserved, he gave at this moment as good a superficial impression of honest madness as any of the psychotic patients among whom he writhed.

After a few minutes he quieted down enough to speak with some relevance and made it plain in vigorous terms that he held his wife entirely responsible for his plight. He admitted drinking; this was his wife's fault. He had, to be sure, derided and fought with the policemen. This would never have happened had his wife not called them to him for no good reason.

This man, forty-three years of age, had been through several dozen such episodes during the last ten years. Belonging to a family widely known for its wealth since colonial times, his direct paternal ancestors included a general in the Continental Army during the Revolutionary War and two governors of a proud southern state. His maternal background included a signer of the Declaration of Independence and a Confederate brigadier celebrated for his dashing and urbane personal qualities no less than for his valor at Antietam and Gettysburg.

W. R. L., when glimpsed at a garden party or when hailed in the street, seemed a proper and impressive scion of two such splendid strains, uniting in his person, one might say, the rarest culture of two states. His courtesy was not only warm but distinguished, his manners so cordial that one felt better after greeting him. His general bearing combined the utmost dignity with perfect spontaneity, giving a deep conviction of one sophisticated, mellow, and commanding. But there were times when this impressive mask dropped and our gallant gentleman took on quite another color.

One of these incidents immediately preceded his admission to the hospital. After having eschewed strong drink utterly for a year and maintained, on the whole, his fine superficial front, he suddenly and for no discernible reason got pretty generously full. A bit wobbly but full of energy, he burst into the house, roundly cursed his wife, smashed a few vases, threatened to give her a thorough mauling, and departed for a road house. Here he reveled for a few hours with more belligerence and buffoonery than gaiety or eroticism, then swept back in a passion to his house. He shook his wife out of bed, accused her of ruining his life, of unfairly taking possession of money which he had earned through shrewd speculation, and demanded a check for thousands.

Actually he had for many years been sustained financially by his wife's father, a high official in banking circles who not only kept his son-in-law employed in a respectable position at a local bank which he controlled, but also furnished from time to time relatively stupendous sums to cover rash and disastrous losses at gambling and in speculation.

The patient's wife had a fairly large estate held in trust. The income from this was, however, not enough to cover the wants of the husband. W. R. L., at the time he married, was by no means dependent on his in-laws. His father had built up a stock broker's business that fluctuated in value between one and several millions. W. brought his bride to a great Georgian mansion surrounded by lakes and gardens where a dozen servants often maintained scores of guests in dashing magnificence. Even before the death of the father, himself a rash but remarkably intuitive market plunger, the son had made heavy inroads into the family fortune. Afterward the other beneficiaries drew out their interests and stood aside while he doubled, halved, tripled, and finally lost outright his entire holdings. While gaining and while losing he spent money with equal lavishness, chartering airplanes to fly to mistresses half across the continent, casually sending emeralds to chorus girls, buying a yacht to cruise off the Florida keys.

Penniless, he resented bitterly the unwillingness of his father-in-law to let him throw his wife's fortune also into speculation. Stormy wrangles had been almost constant during the early years of this marriage, W., at intervals of a few weeks or a couple of months, going on hard sprees during which he sometimes tore off his wife's clothes, or burst in on his father-in-law to threaten and to arraign him as the cause of his own financial decline and the common marital strife. The father-in-law, a man of much dignity and spirit, urged his daughter to leave W., even threatened at times to cut off the ample income which he chiefly furnished them. After particularly outrageous episodes the wife often agreed to quit, but W., once sober and aware of what he stood to lose, had no difficulty in appearing so earnest and penitent that he won her back. For long, pride kept the wife, the father-in-law, and others concerned from calling in policemen to quell the tempestuous and clamorous tumults that W. raised. Finally this step was taken, and it has now in fact become habitual.

On the occasion under discussion Mrs. L. succeeded, after a struggle with her husband, in reaching headquarters by telephone. The police, on arriving, found her locked for protection in a downstairs room. W., boasting that he could not be taken alive, had knocked the wooden supports from the bannister railings and piled these, with chairs, coffee tables, and other furniture, into a barricade on the stairway.

Half-naked above in the bathroom behind additional defenses, he challenged the law with magniloquent mock heroics to take him. For a while he waved a revolver as he hurled his obscene threats. Seeing that the policemen, who knew him well, came on despite his gestures, he laid this aside. Though making no serious attempt to injure his besiegers sufficiently to provoke painful retaliation, he wrestled with them, clawed with a fine show of violence, and was taken off cursing, grunting, and kicking.

Since short sojourns at the barracks in the past had done so little good, the family arranged to have him sent that very night as an emergency case to the psychiatric hospital. They probably had vague hopes that some remediable illness might be found as a cause for his conduct, but the stronger motive was hope that finding himself in what he regarded as the *lunatic asylum* might give him food for thought and possibly a taste for mending his ways.

After settling down sufficiently to permit an interview, he showed no ordinary evidence of a psychosis. He was charming superficially, dismissed his own deeds with lordly insouciance, bewailed his plight, for which he still blamed his wife, though he now spoke of her always with a show of gallantry and implied that her father and other relatives were responsible for her causing him all this trouble.

Though fundamentally childish and full of puerile self-pity, he was on the surface one of the most delightful persons I have ever seen. Something inimitably well-bred in his manner, a gracious and warming geniality which seemed, surely, to overlie great dignity and pride, caused all the personnel on the ward to treat him with particular deference. He all but became the pet of the hospital.

He immediately assumed that the physician was chiefly concerned in helping him get back into the good graces of his wife, who at present refused to accept him. He would have left the hospital at once but his in-laws and members of his own family had agreed for the police to take him if he did.

After two days his wife, persuaded by his apparent sincerity, agreed for him to come home on a pass for a few hours. She soon called the hospital and asked for attendants to be sent. He was brought in, mean and vehement, from a barroom where he had already drunk to excess after first creating a shocking uproar at his house.

Next day he agreed that he had conducted himself unwisely but laid his actions chiefly to his wife's failure to show complete confidence in him. Not a trace of anything like shame or remorse was discernible. Somewhat alarmed now that his wife might actually be persuaded to leave him, he bent all his efforts toward winning her over. She refused to visit him for several days. He spent hours writing letters to her. These he read proudly to his physician. They were of rather far-fetched eloquence and extravagant sentiment, and he read them with much oratorical gusto:

"What does any misunderstanding weigh against the immortal love I bear you? The carping and misguided influence of *others* should not be allowed to come between those united in such devotion as is ours. . . . My darling! My sweetheart! . . . " etc.

Wasn't this the best note to strike? he asked his physician. A politely subdued twinkle of pride and canniness came into his glance. He had succeeded so often that he was already confident. Nevertheless, he showed great vexation and restlessness at the delay, sighed and held his head in his hands, swearing that he could not stand it another hour. He very plainly showed and stated that he felt even one day in the hospital too severe a measure to take against such trivial indiscretions as his.

After three or four days his wife, a highly intelligent person, though far from confident that he would not continue in his ways, was won over sufficiently to take him home.

When last heard from several months later, he had given no further serious trouble. It is quite possible that he may continue to make a fairly good adjustment for a year or two, but it must be remembered that he is supported in this by financial aid and by strong moral efforts on the part of his wife, his father-in-law, and others.

His history shows that he has remained as long as two years sober, fairly industrious, and nearly always in his mask of the grand and charming gentleman. It is important, however, not to give him access to important sums of money. Eventually, despite all efforts to protect him, his psychopathic tendencies come forward and he repeats with ingenious variations the theme of the episode here described.

Chapter 22

THE PSYCHOPATH AS SCIENTIST

THE limitations of space allow only a few highlights to be thrown on this man's interesting career. He is still in the late twenties, a doctor of philosophy, the co-author of several creditable papers on subjects in the general field of physics.

Though delayed by truancy and alcoholic escapades for a year in obtaining his degree, he always showed noteworthy ability in a technical sense so long as he applied himself. Now and then he was disabled for several days or a week, during which times he drank enough to remain semiconscious or climbed into trees, whence he hurled noisy defiance at his friends and later at policemen who attempted to get him down. He drank chiefly alone and sometimes urinated in bureau drawers, his own or his roommate's shoes, and indulged in other pranks of the same caliber.

Having obtained his degree, he had little difficulty in securing a satisfactory post on the faculty of a state university. He did not, however, enter upon these duties. Having taken up residence with an aunt in the university town several weeks before the beginning of classes, he at once proceeded to drink on week ends and to haunt public houses of unsavory reputation.

One night a few days before the formal beginning of the academic year he made himself particularly disagreeable to his companions, who consisted of two prostitutes and a local derelict. In a mood of great irritability and arrogance he quit this group and joined another woman of the streets with whom he had frequently consorted but in whom he had never shown any especial interest. During the next hour he drank little but spent his energy ridiculing and slandering his acquaintances in town, the faculty of the university, and particularly his aunt, who was his only local relative. At about 3 o'clock in the morning he astonished all present by announcing in imperious tones that he and his present companion would straightway join themselves in holy matrimony. Before leaving with such company as he could gather, he took pains to telephone his aunt and insist peremptorily that she attend the nuptials. One may be left to imagine the consternation and confusion of the elderly and very circumspect lady as she sought first to understand and then to counsel her nephew.

On arriving at the residence of a justice of the peace, the aunt and friends whom she had brought left nothing undone in efforts to dissuade our subject from proceeding. In desperation they pointed out not only the defects of character so plain in the prospective bride but also her considerable age, her poorly made false teeth and unprepossessingly dyed hair. With oaths, obscenity, and a very artificial show of gaiety, these objections were waved aside, and the bridegroom fulfilled his aims.

The next day he condescendingly allowed his aunt to begin efforts to annul the marriage, but, while expressing his approval, he took very little active part. When earnestly questioned about his motivation, he casually averred that the whole affair was meant as a joke.

"But on whom is this joke?" an elderly friend of the family asked with some asperity.

"Why on me, I suppose," confessed the disinterested bridegroom, laughing with what appeared to be a calmness and lack of concern almost incredible under the circumstances. He never showed any signs of serious worry or of shame, although he glibly confessed himself in the wrong. The affair became widely known, and authorities in the university succeeded in obtaining their new instructor's resignation before he actually took up his duties.

He promptly abandoned the woman he had married, and his family made some settlement with her. After a financially successful year as an automobile salesman, in which he got into trouble somewhat less frequently than usual, he decided to return to the academic world.

He obtained several other good positions in universities where his work was fitful but promising. His personal life soon became so spectacularly designed to embarrass the institution that he had to be dropped. One of these positions he lost, after several minor efforts of the same sort, by the following bit of conduct:

After becoming drunk and conspicuously turbulent in his quarters, where efforts were being made to nurse him and to cajole him back to an appearance of what might be called sanity, he disappeared and could not be located for several days.

The authorities at the college remained in a state of considerable anxiety about his fate. This was terminated by a telephone call made by a local veterinarian to the professor in whose department he worked. The latter, a person of authentic and altogether unstudied dignity and a scholar of national importance, was probably the last man on earth whom a normal youth would desire to rouse out of bed at midnight and treat to a display of absurdity. Humor of no lesser order than his dignity characterized him. Though peaceful, unaggressive, and tolerant as a man can be, some deep subjective poise enabled him when prodded sufficiently to utter a quiet and ironic rebuke fit to unfrock a bishop.

The veterinarian informed this considerable personage that his missing research fellow was at present in the dog hospital and had insisted that this news be delivered to no other than himself, and at once. The bland, laconic lines of the professor's face subtly hardened. Pausing as he reached for his socks, he swore inaudibly.

On arriving at the dog hospital he found his younger colleague sprawled in a large cage or cubicle used to house ailing Great Danes or St. Bernards. He at once yelled to the professor, announcing in glee that prophecies by the latter about his *going to the dogs* were now amply fulfilled—so what of it! His clamorous outcries rose above the din of barking dogs, who, aroused by the presence of so unusual a kennel-mate, gave voice vigorously and in unison.

The veterinarian explained that his new patient had come in some urgency and insisted on going to where the convalescent dogs were kept. Somewhat bewildered, but thinking perhaps that his visitor had good reason to inquire into the condition of some canine acquaintance, he promptly brought him to the kennels. The strange young man at once climbed into his present berth, defied the veterinarian to remove him, sang, shouted, cursed, and finally insisted that his superior be called.

Finally agreeing to come out, he remained generally obstreperous and at once began to blame a grave and gentle older colleague for his plight. The latter, who had been sincerely interested in trying to keep this promising young man from destroying himself, had, he said, set him off on the present spree by offering him a bottle of beer at lunch several days previously.

Despite many apparently self-imposed and purposeless obstacles in his career he continues to obtain positions, sometimes keeping them as long as a year. His family is called upon to see him through difficulties when they arise, and he continues to speak of those who assist him as if he considered them in a large measure responsible for his troubles.

Chapter 23

THE PSYCHOPATH AS PHYSICIAN

HE is still in his early forties. From the country town in which he now practices medicine there recently came an inquiry about his ability. Everyone regarded him as a brilliant man. His patients loved him, and while working regularly his collections were more than adequate. It was often impossible to find him, for now and then, in the classic manner, he lay out in third-rate hotel rooms or in the fields semiconscious until he could be found and coaxed back home.

This was tolerantly accepted as one of his idiosyncrasies by the rustic folk he attended. It was inconvenient, but like drought and the boll weevil, what the devil could one do about it? With deep intuition the community, in which not only social drinking but even card playing and dances were generally regarded as devices of Satan, sensed that the Doc's doings had little or nothing in common with the proscribed gaieties or frivolities. Though a man known to drink cocktails for pleasure and even a woman who smoked cigarettes might have been ostracized, local deacons and town gossips made no concerted attack on the doctor.

The inquiry about his ability mentioned above was prompted by the following incident.

A patient whom he had been attending off and on for several weeks had noticed that he occasionally seemed glassy-eyed and slightly irrelevant. Neither she nor her family, however, was prepared for such a bedside manner as was his on the last visit.

When the door was opened for the doctor, he swung in unsteadily with it, hanging desperately to the knob, which he apparently hesitated to relinquish. Breathing hard, he muttered inaudibly for a moment, winked inanely at three children who had withdrawn to a corner, gave several short, piercing cheers, and slipped to the floor. Retaining his instrument bag in one hand, he began, still prone, to crawl toward his patient's room. Switching his body from side to side, he made slow but spectacular progress, hesitating every few yards to give a series of hoarse, emphatic grunts or barks. This pantomine was taken by the family to represent an alligator slipping through a bog. In this manner he reached the bedside of the patient.

This man's history shows a great succession of purposeless follies dating from early manhood. He lost several valuable hospital appointments by lying out sodden or by bursting in on serious occasions with nonsensical uproar. He was once forced to relinquish a promising private practice because of the scandal and indignation which followed an escapade in a brothel where he had often lain out disconsolatedly for days at a time.

Accompanied by a friend who was also feeling some influence of drink, he swaggered into this favorite retreat and bellowed confidently for women. Congenially disposed in one room, the party of four called for highballs. For an hour or more only the crash of glasses, scattered oaths, and occasional thuds were heard. Then suddenly an earnest, piercing scream brought the proprietress and her servants racing into the chamber. One of the prostitutes lay prostrate, clasping a towel to her breast, yelling in agony. Through her wails and sobs she accused the subject of this report of having, in his injudicious blunderings, bitten off her nipple. An examination by those present showed that this unhappy dismemberment had, in fact, taken place. Though both men had at the moment been in bed with her, the entertainer had no doubt as to which one had done the injury.

Feeling ran strong for a while, but, by paying a large sum of money as recompense for the professional disability and personal damage he had inflicted, the doctor avoided open prosecution. Before a settlement had been made, the guilty man attempted to persuade his companion to assume responsibility for the deed. It would be less serious for the other man, he argued, since his own prominence and professional standing made him a more vulnerable target for damaging courtroom dramatics and for slander. His companion, however, declined this opportunity for self-sacrifice with great firmness.

Less spectacular performances include locking himself in a hotel room alone where he would drink to stupefaction, arouse the management, break furniture, telephone his wife that he had decided to kill himself, drink more, and remain until taken by police or friends who broke open the door.

He also contributed vividly to the liveliness of a dance some years ago. His older brother, whom he was visiting in a New England town and who was an officer in a country club where the dance was in progress, remonstrated with him, urging him to leave because his loud and disorderly behavior, having already attracted unfavorable attention, was now beginning to cause consternation. Whooping in indignation, he at once grappled with his elder on the porch of the club where they stood.

The orchestra having stopped for intermission, a large number of ladies and gentlemen were strolling on the terrace below. Attracted by frantic outcries, reiterated curses, and the sound of scuffling above, these bystanders looked up to see the two brothers whirling dizzily in combat. The younger man, his strength finally prevailing, got the older against the banister and seemed about to throw him over. As observers ran to quell the tumult, our subject, having in his position of vantage breath to spare for oratory, caused the golf course to echo with his threats and insults.

"You bastard! You God damned ——— bastard! You son of a bitch! I'll kill you, bastard and son of a bitch that you are!" he yelled, pushing his brother back farther over the banister as the echoes returned his violent words. One wonders if the brother was observant enough at the moment to note the two-edged nature of the term with which he was being so loudly reviled. Rescuers soon interrupted the performance. Our subject could very probably have thrown his brother over before they came, but his intention apparently was to make a scene rather than to inflict injury.

After one of his longest periods of regular work and apparently satisfactory adjustment, which lasted nearly a year, he attended the meeting of a regional medical society in a large city where an exploit brought him to the notice of local newspapers.

> *FOUND DRUNK ON HIGH ALTAR OF ST. PHILIP'S CHURCH*
>
> "A man listed as Dr. ——— ————— of ————— was arrested yesterday morning and charged with burglary when he was found asleep on the altar of St. Philip's Church. Officer J. G. Coates who made the arrest said that a painter engaged in painting St. Philip's dome found the door to the church open this morning and called him. Investigation revealed the man asleep on the altar. The officer quoted Dr. ————— as saying that someone else had been with him but that he could not remember who. The doctor seemed to be eminently rational but could give no adequate reason for his inopportune presence in such a place. While a charge of burglary had been placed, according to records at police barracks a complete examination of the church property revealed the fact that nothing was missing."

He proved to the satisfaction of the authorities that he had entered the church with no intention of stealing or doing any other damage. I am indeed strongly convinced that this contention was correct. Finding a man in so preposterous a situation, the newspaper reporters had mistakenly, but understandably, assumed that some motive such as burglary must, of plain necessity, be responsible for his presence. What his purpose really was, we must admit, is difficult to explain in terms of ordinary human strivings.

He often swears off drinking and expresses the intention of devoting himself to constructive and regular occupation but, despite all the serious troubles that his conduct has brought him, he actually continues as before.

Chapter 24

THE PSYCHOPATH AS PSYCHIATRIST

AMONG this class of persons who show deviations in some fundamental respects similar to those presented in the first series but who make a good or fair superficial adjustment in society are sometimes found men who hold responsible positions. Lawyers, business executives, physicians, and engineers who show highly suggestive features of the disorder have been personally observed. Perhaps one would think that the psychiatrist, with good opportunity to observe the psychopath, would eschew all his ways. I believe, however, that a glimpse can be given of characteristics of the psychopath in such a person.

Let us first direct our attention to him many years ago when, as an author of some papers on psychiatric subjects he attracted the interest of several inexperienced young physicians then at the beginning of their careers. The articles, it is true, were marred by grammatical errors and vulgarities in English a little disillusioning in view of the suave and pretentious style attempted by the author. At the time, however, they impressed this little group of naive admirers as having all the originality that the author so willingly allowed others to impute to them, and, as a matter of fact, implied not too subtly himself in every line of his work.

When seen later at a small medical meeting at which no experienced psychiatrists were present, this author seemed very grand indeed. The actual ideas expressed in his paper were, to be fair, culled from the primers of psychiatry and psychology, but he had an authoritative way of making them seem entirely his own, and marvelous, too. Despite his cool and somewhat commanding air, he succeeded in giving an impression of deep modesty. Everything seemed to accentuate his relative youth which, in turn, hinted of precociousness and of great promise. The effect he had on his audience, most of whom were general practitioners from small towns, was tremendous. An opportunity to meet this splendid figure of a psychiatrist and to sit at his feet during the rest of the evening was avidly welcomed by several of his new admirers.

Dr. ————, though still in the middle thirties, enjoyed a wide, and enviable reputation in a section of the country where psychiatrists were at the time almost unknown. After some work at hospitals in a distant state where he was born, he had come and set up as a specialist in his present habitat. He soon obtained a small institution in which he began to direct treatment of psychiatric patients. Reports indicate that it flourished and expanded greatly.

It was generally agreed that his learning and ability were chiefly responsible for his rapid rise to local prominence. Ephemeral rumors hinted that the idolized Dr. ———— made a practice of treating by expensive and doubtful procedures any patient of means whom he could obtain for as long as the money lasted, and then dismissing him or sending him promptly to a state hospital. It was also heard that with female patients he sometimes suggested, or even insisted on, activities (as therapy) which are specifically proscribed in the Hippocratic oath. But what physician has not had similar things said about him? The impressive bearing of the man and his reiterated and rather eloquent appeals for higher scientific consecration on the part of his colleagues snuffed out these feeble stirrings of adverse criticism which were almost universally ascribed to jealousy.

The lion of the evening seemed to put himself out in being gracious to his young admirers who were indeed nobodies on the fringe of the wonderful field which he seemed to dominate. His good fellowship was so hearty yet so suave that one could scarcely bring himself to see the faint underlying note of condescension.

The privilege of driving this relatively great personage out to a country place where hospitality beckoned was seized by one of the young physicians. In the car an attempt was made to turn the conversation to psychiatric questions which Dr. ———— had raised in his papers. He made a few stilted replies but soon drifted from the subject into talk that was hardly more than pompous gossip. His companion, fearing that such a learned man might be talking down to spare him the embarrassment of incomprehension, kept returning to psychiatry, trying to make it plain that no such embarrassment would discount the pleasure of hearing the master. Soon the replies of this admitted master left the young man in serious doubt not only as to the great one's knowledge, but even as to his interest in the subject.

Dr. ————, in his more popular talks and articles, as well as occasionally in those directed toward rustic medical groups, often gave psychiatric interpretations of literature and art. One of his more recent efforts in this line touched briefly but ambitiously on the works of Marcel Proust. Being then in the middle of an earnest pilgrimage among the psychopathologic wonders of *Remembrance of Things Past,* the fledgling psychiatrist, hoping to make a good impression we fear but also eager for enlightenment, ventured a question on this subject.

The master at this time was calm and alert, but his remarks were so beside the point that his disciple wavered. Dr. ———— was perfectly self-assured, in fact, politely pontifical, but the more he talked the clearer it became that he had not read the book at all. It finally became equally clear that even Proust's name was unfamiliar, and the disquieting suspicion dawned on his admirer that he had never encountered it except in the excerpt from some review which he had apparently come upon and used. He had not been sufficiently interested in what he had plagiarized even to retain the name and was now imputing it to some imaginary Viennese psychiatrist. He followed this pretension only for a moment, however, and only as a stepping stone to banalities with which he was familiar and about which he spoke with such deliberation and assurance that they almost seemed marvelous. Never in all this persiflage did he show the least sign of confusion or timidity. Apparently he felt that he had kept intact his impressive front. Even at this stage of the acquaintanceship it was hard to avoid suspicion that any important distinction between such a front and more substantial things was not in the orbit of his awareness.

With some remark about putting aside these grave and ponderous subjects he sang a few lines of a surprisingly obscene ditty, clapped his companion on the back, and suggested with gusto:

"When their social doings are over, let's you and I go get us a couple of good frisky chippies!"

Despite the conviviality implicit in this remark, and no less in his tone, he still, in some way hard to describe, maintained the attitude of one who means to insist on his distinct superiority even while for a moment generously waiving certain restrictions of caste and allowing his companion a more respectable footing. It was only a quasi-equality that he offered, however—an indulgence such as an adult might allow a child who on some special occasion is permitted to sit up and play that he is grown. The friendship he seemed to offer was at best a morganatic one.

His discourse during the rest of the drive, especially after he had stopped on the way for *a couple of quick ones,* was coarse and humorless. It seemed impossible to strike a sincere idea from him on any subject.

On arriving at the host's place, a merry but entirely civilized company was found drinking highballs, singing around the piano, or talking enthusiastically in small groups. The singing was in key, and the talking not loose or aimless. For the most part the gathering was composed of people who, though lively, had some interest in general ideas as contrasted with the trivia of daily life, and a few slowly ingested drinks brought out humorous and interesting conversation. The house was not very large or the furnishings spectacular, but the place, like the men and women present, gave a strong impression to the newcomer that he was in orderly surroundings, among people of dignity and good will.

A young, very good-looking married woman who had an amateur but genuine interest in psychiatric questions and who meant to be polite to the distinguished stranger, began talking to him with enthusiasm. He soon led her off into another room. A moment later, on passing through this room, one of the young physicians was hailed by a feminine voice and, responding, found the two in a nook, the lady pulling herself away from the doctor with some effort but with equanimity. It was plain that his crudely aggressive overtures were not welcome to her and she urged the other man, who was an old friend, to join them on the davenport. Apparently trying to start a conversation, she asked the celebrity about psychoanalysis, a subject which he sometimes expounded to lay gatherings in such a way as to give the erroneous impression that he was a qualified analyst.

"If I could get you out in a car I'd psychoanalyze you right now," he muttered, low but loud enough to be overhead, accompanying his words with a confident leer. The savant had evidently misread the spirit of the party. The lady rose, smiled quickly at her other companion as if to say she knew a disagreeable fellow when she saw one, and quietly rejoined a group.

Dr. ———— now expressed the desire for straight liquor, making strong, derogatory remarks about highballs and those who drank them. Ordering his former disciple to come, he strode toward the kitchen. The former disciple, by this time feeling heavily responsible for the master, made haste to follow.

In the kitchen Dr. ———— began to order the servants about in profane and petulant fashion. He had gulped one or two small whiskeys when several men wandered in looking for ice. One of these, an eager interne, expressed interest in the important investigative work which Dr. ———— had begun now, in loud, boastful tones, to announce himself engaged in.

"If you want a job there, son, just lemme know," he thundered. Swaggering about, he made an all-embracing gesture. "At the ———— Institute I'm *it*. I'm the big cheese, I tell you." No one saw fit to dispute these claims.

He began then a tirade on the subject of his executive ability, his scientific standing, his knowledge of the stock market, his sexual power, and his political influence. Having delivered himself of this, he pushed his audience aside and sauntered back into the sitting room. There he recognized an old acquaintance, a physician who had formerly been on the resident staff with him at some hospital, but in an inferior capacity. This man, a newcomer, was talking with the hostess in the midst of a small group of men and women.

"Why you old son of a bitch!" Dr. ———— shouted. "Come over here and set your God damned a— in this chair and talk to your chief."

It was no time for vacillation. The newcomer and the young physician who had accompanied Dr. ———— to the party caught each other's eye and quickly hurried the celebrity to the door. He pulled back at first but soon came along satisfactorily as both companions sought so earnestly to cajole him that the words of each were lost to the other. Turning to his companions just as the door was gained, he shouted:

"Chippies, did you say?"

On the way to his hotel he began to protest. He was by no means confused from drink.

"Be God-damned if I go there! What kind of dirty bastards are you anyway?"

He became insistent, nay, even defiant, about going where he could obtain women. The new member of the party, who had seen him through many such episodes and who, to the other escort's relief, kindly assumed charge of the case, advised that he be humored.

Dr. ———— himself, through an effervescence of obscene threats, muttered directions to the driver. Expecting to find an ordinary brothel, both of his companions were surprised to arrive at a large outdoor pavilion where an orderly dance was going on. Before a definite decision could be reached about what to do, Dr. ———— was out of the car.

"Luke! Luke!" he yelled imperiously.

A pleasant-looking man appeared.

"You've got to get us a good piece of t—— and get it quick, boy!" he ordered. "We'll wait here and watch 'em dance by."

The man called Luke, so far as could be learned, was under serious obligations to Dr. ———— and apparently meant to obey him. He confided that he had stood by his friend and benefactor in many such sprees in this town. Luke had pleasant manners and was not drinking.

"God, that's one!" the savant muttered. "What an ————! Can you get that slut out here, Luke?" He was far enough away not to be overheard by the dancers. Luke smiled and shook his head. "There's one!" the doctor commented again with enthusiasm. "She's rutting! That one's rutting! I can tell it." His remarks which followed can hardly be suggested even in writing on a medical subject.

His two companions left him now in custody of Luke with instructions that he be brought back to the car when this was possible without violence. Luke had asked not to be left with sole responsibility.

Some time later the doctor returned. It was difficult to judge whether or not he had gained all the satisfaction he sought. He made it plain that he had found a companion, but, despite his boastful garrulousness, did not give the final details of the encounter. In view of his windy frankness, this caused doubt as to how far he had succeeded in his aims. Beyond question he had made considerable progress. He announced this much loudly, holding up a finger, sniffing it as he did so, and making a comment of such ingenious distastefulness that even his brother physicians blenched. The new disciple could not but ruminate about what appraisals of woman and of human relations, what attitudes toward basic goals, prevailed beneath this successful man's ordinarily impressive exterior.

On the road back to his hotel he cursed truculently at other cars. He came in willingly. While going up on the elevator, he pinched the buttocks of the Negro girl who ran the machine, apparently oblivious of several passengers. There was no gaiety or human touch in these actions, only a sullen, derogatory aggressiveness. He uttered vague challenges and threats emphasizing his combative prowess and his readiness to fight any one who might take issue with him on any question.

On entering his room he immediately made for a whiskey bottle and began calling raucously for ice. He became loud and offensive when his companions sought to excuse themselves, banged the table with his fists, and offered grandiosely to fight and to fight at once. He was a tall, powerful man and by no means too drunk to put on a lively and embarrassing scene if crossed.

He cursed the bellboy, who had arrived meanwhile, with such foul oaths it was marvelous that he took them. Pouring himself a quick drink, he called for careful attention from his companions.

Had he told them about his children? No. They must see pictures of them. He began to praise them extravagantly, to extol his love for them in sickening terms of pathos, or pseudo-pathos. He spoke of his plans for their future. His entire manner began to change, and it was plain that he had determined notions about keeping all his children what he called *pure*. A surprisingly moralistic aspect of this psychiatrist began to appear. Cheap expressions of sentimentality fairly gushed from him. He recited in a loosely emotional strain rhymes by Edgar A. Guest about the little ones. Then he momentarily broke down and blubbered. Tears ran down his cheeks.

The bellboy had brought ice and Dr. ———— insisted on pouring out drinks, swaggering about now in his earlier manner. When his companions insisted on leaving he promptly announced that he would accompany them. He could not be persuaded to go to bed and quickly became overbearing when persuasion continued. Though he had, of course, taken a good deal of whiskey, he seemed to know perfectly what he was doing. He did not, in fact, really seem drunk in the ordinary sense of the word. Both of his companions felt that this was not a person irresponsible for the moment who must be protected and prevented from doing things he would regret. On the contrary, one was strongly impressed that this was the man himself.

Going down on the elevator he renewed his practices on the polite Negro girl, becoming so annoying to her that his companions had to interfere. He called a taxi and insisted that all proceed at once to a brothel. Having had enough experience for one night in trying to be their brother's keeper, his companions were obdurate. He drove off, cursing them viciously as disgraceful specimens of humanity, and making derogatory remarks about their virility.

"What's the matter with him?" asked the younger.

"Just a queer fellow that way," replied the one who knew him well. "He's cool and calculating, a good executive, and a rather pleasant man superficially during the week, though always a little arrogant. Even when on the job he's not to be trusted. Every time he gets a chance he does just about what you've seen him do tonight. He keeps under wraps of outer dignity at the hospital and he's careful not to take them off under circumstances which would cause him to get in serious trouble. He passes as a great gentleman in polite but unsophisticated circles at home. But the cloak must be very uncomfortable. Almost every week end he makes an opportunity to get it off, and he's always then just the man you saw tonight."

"But won't his reputation suffer from what he did tonight?"

"Probably not. He is a long way from home. Since the town is small, he evidently assumed that all the people he was thrown with tonight were country bumpkins who don't count for much and who would be overawed by him. He judges people only by superficial appearances of wealth and power, and he is seldom impressed except by gaudy display. He kept up a good front at the medical meeting. He is exceedingly shrewd according to his lights about where and when he behaves naturally. At home he often goes off into swamps with groups of men far beneath him in his own estimation, and who are apparently flattered to be chosen. The trips are ostensibly to catch catfish or, in the winter, to shoot ducks; but actually it's merely to get rowdily drunk, boast and shout inanely, and sprawl about on the ground or in muddy boats around the camp. He wasn't drunk tonight. Out in the swamp he often passes through this obscene, blustering phase in an hour or two and reaches the sodden state that one might suspect is his goal.

"Sometimes he wants women. It doesn't matter what women or under what circumstances. Some of the people who know him say that he prefers low, unprepossessing partners, and especially illiterate Negresses, but it has always seemed to me that there was no preference at all, and I've seen him often. A beautiful woman means no more to him than an imbecilic harlot, but on the other hand the harlot means no more than the beautiful woman.

"Sometimes when the idea of sex is stirring him he gets too drunk to make much of his opportunities. I'll never forget one incident. It was about daybreak down in the swamps where we'd been fishing. He'd gone out on a sexual mission pretty drunk. We found him at a whitewashed shack. It was time to leave for home so another fellow and I rolled him off a fat Negro washerwoman. She must have weighed two hundred pounds!

" 'Sakes, Boss,' she muttered, 'he's far gone dis time. Ain't done nuthin' yet!' It was my last fishing trip with him."

Next morning with fresh sunlight streaming into the hotel the youngest member of the group, having finished breakfast, met Dr. ———— in the lobby. He was emerging from a telephone booth. Tall, self-assured, clear-eyed, neat as a dandy, fashionably dressed, he looked the fine figure of a man.

He spoke affably. With a disarming, boyish smile he made some reference to the previous evening. His polite expressions and poised tone made clear the implication that it had been a pleasant occasion and had cemented friendships. The inconspicuous trace of condescension first noted on meeting him was now more obvious, but this somehow tended to make his cordiality seem more precious. He was as sober as a man can be and showed no signs of *hang-over*. Indeed, as his other companion of the night had said, he must have been drinking very moderately.

The former admirer of Dr. ————, who was an old friend of the lady whom he had offered to "psychoanalyze" in a parked car the night before, stopped at her house later in the day to say good-bye before leaving the city.

"Come in. I must speak to you," she said. There was some indignation in her tone but more mischief and merriment.

"What about your friend, the famous psychoanalyst?" she said, relishing, in all friendliness, the other's discomfiture. She was a person of some sophistication and poise. Being also pretty, vital, and desirable to men, she knew well how to take care of herself in ordinary company. She had been married for several years and gave a strong impression of being happy and in love with her husband.

"Well," she continued, "I must tell you. You are interested in queer people."

"At about ten-thirty this morning the cook came and woke me up. 'It's the telephone,' she said. 'Damn the telephone, Lou!' I told her. 'Don't you know I was up till all hours last night?' 'Yes'm' she answered, 'but the gentleman says you'll speak with *him,* and it's important business.'

"I picked up the phone:

" 'Good morning, Mary,' said an unfamiliar, self-assured, masculine voice. I was wondering who it could be—knowing me well enough to use my first name and still so pompous. Then just as I recognized the voice:

" 'Mary, this is Doctor ————.' From his tone you'd have judged he thought I ought to sing for joy!

" 'Yes indeed,' I said. He then baldly suggested that I make a date with him for this afternoon. He'd come out for me at 4 P.M. or, better still, he suggested, I could meet him at a drug store downtown.

"Really, there was something so superior about him, a sort of indescribably cool insolence, or I don't know what . . . about his manner, I mean . . . and after last night! . . . not just the proposition itself . . . that I fairly turned white with rage.

"I wanted so much to blast him with scorn that I was at a loss for words. When you get that mad it's easy to lose your head. The calm and effective expression of indignation by which ladies in Victorian novels squelched 'insults' is hard to put into the idiom of today. Trying not to make myself unnecessarily ridiculous, but trusting the reply would register as final, I said:

" 'Is that so? *Sorry,* but I'm afraid I'll have to forego that pleasure.'

"He then insisted, not like a lover or even like one who's making any decent pretense of being a lover, but coolly, almost arrogantly, like a fake gentleman who's after a servant girl. I must have succeeded in making myself a little clearer by this time, for he resigned himself about this afternoon. But I wasn't done with him.

"He then began to say that he would be back in this city soon, probably every now and then. He'd like to see me on some of these occasions. He'd call me when he came. No, perhaps it would be better if he dropped me a note and let me know when he'd be here. Then I could call *him!* I was getting so vexed that I scarcely caught the implication that he didn't want to telephone and find George here.

"For a moment I couldn't answer. Then I suddenly remembered the way he announced himself: 'Mary, this is *Doctor* ————!' The overwhelming effrontery of the whole farce came over me. It was too much! 'Mary, this is *Doctor* ————!' That priceless ass calling me by my first name and referring to himself as 'Doctor ————!' And under such circumstances! Why, he probably pictured us having our little bout of 'love' in the same strain. 'You're so lovely, Mary, do let me take off your pants!' 'Oh, Doctor ——(blushing), you're so genteel and handsome!'

"Can you beat it! I ask you as an old friend! The bumptious swine didn't even have enough delicacy in what he probably thought of as love-making to grant me intimacy to call him Jack, or Harry, or Percival or Happy Hooligan, or whatever else he's named. He's such an indescribable prig that he probably doesn't even allow *himself* to think of himself in terms of a first name.

"I just had time to get out the words which must have come with something of a lilt:

" 'Yes, you just *wait* until I call you!'

"I'm ashamed to confess they were almost lost in a burst of laughter. It wasn't ladylike at all the way I laughed. It was belly-shaking laughter. Homeric laughter. Rabelaisian laughter, maybe. I couldn't stop.

"Lou, the cook, came back in and asked what was the matter. 'I can't explain,' I told her and went on laughing.

"What sort of people are you psychiatrists anyway?" she now asked in her spirited, arch way, again enjoying her old friend's discomfiture which was now almost lost in wonder and amusement. "I bet that bat-house troubadour went away thinking I had become hysterical with delight at the opportunity he offered."

"That might not be absurd after all," the friend murmured, remembering the self-possession and happy assurance with which Dr. ———— had emerged from the telephone booth that morning.

This case is offered for what it may be worth. No diagnosis of psychopathic personality has been made. Occasional news of him over the next few years indicated that he was still outwardly well adjusted. I believe it likely that he continues to prosper and I have not the faintest notion that he will ever reach the wards of a phychiatric hospital except in the capacity of a physician and executive. He does not really succeed in impressing people of discernment, though he continues to think he succeeds in this. He impresses many people who are themselves essentially undiscriminating. He cannot tell these from others with sounder judgment and regards himself as a great success socially as well as financially.

Such a personality shows suggestions of an inner deviation qualitatively similar to what is found in the psychopath. The shrewdness is typical. Unlike others, such as Max, whose cleverness brings only momentary success in objective dealings with the world, this man's similar cleverness is applied with enough persistence for him to advance continuously. He advances financially and, within limits, even professionally. He is a smart fellow and, in a very superficial sense, has a glib facility in medical activities. In relations with the public he shows an excellent knack, an artful sense of showmanship.

For the more fundamental questions that immediately confront a person interested in psychiatry he apparently had no awareness, and therefore no concern. The problems of life that make up the chief and underlying interest for real psychiatrists do not exist for him. He is said to give many of his patients about what they feel they need. With relatively uncomplex and emotionally shallow persons his amazing self-confidence is perhaps more quickly effective than the deeper understanding, with its inevitable lack of certainties, that another sort of man would bring to his work.

His patients are reported to show improvement that compares favorably with that shown by most of the patients treated by physicians whose aims are more serious. We must not forget that chiropractors frequently succeed in relieving psychoneurotic patients of their symptoms by absurd measures. These practitioners, if they work in accordance with the fundamental principles of their craft, have no awareness of the real problems underlying such symptoms and no ability to help patients understand and deal with these problems. Such a man as this appears to be similarly limited. If one imagines his attempting pertinent psychiatric study of a serious person, one whose world is quite foreign to him, the picture becomes farcical.

This man then, the traits already mentioned notwithstanding, is one who, unlike the obvious psychopath, succeeds over many years in his outer adjustment. Granting that the behavior described above is fairly typical and is persisted in, the conclusion follows that inwardly he is very poorly adjusted indeed. The quality of happiness he knows and the degree of reality in which he experiences so much that is major in human relations are such that, despite his superficial success, he must fail to participate very richly in life itself.

Let it be pointed out that the drunkenness, immature sex attitudes, execrable taste, and deceit are not in themselves the basis for suspecting that this man is affected in some measure with the same disorder that affects the earlier cases. All this many readers would perhaps dismiss with the thought that our man might be more properly called a bad fellow and left it at that. The significant points are these:

His impulse to drink does not seem to be motivated by the hope of shared gaiety. His attitude in sexual aims is so self-centered as to give the impression that even when carrying out intercourse with women he is essentially solitary, isolated in evaluations so immature that what satisfaction he achieves must lie in concepts of a phallic damaging and despoiling of the female with simultaneous reassurances to puerile concepts of his own virility. Such confusing and fragmentary achievement, common enough in a groping boy of thirteen, is a poor and pathologic substitute for fulfillment compatible with deep personality integration and inadequate for one even remotely as near adult as what is implied by this man's outer surface.

The confusions and pathologic reactions so well brought out by Karl Menninger in *Love Against Hate*[144] (and by Bromberg in *Crime and the Mind)*,[20] seem to apply here and to account satisfactorily for what may be important causal factors in the development of attitudes and maladaptations of this sort. His lack of taste and judgment in human relations seems inconsistent with his opportunity to learn and with his ability to learn in other modes of knowing where such values and meanings do not enter. His apparent hypocrisy is probably not a conscious element of behavior. At least he is unaware of how it would seem to others, even if he assumed all the facts were known to them. It has, perhaps, never occurred to him that there might be people in the world who had other fundamental aims than his own dominant aim to drop the disguise in which he has acted his part perhaps not too comfortably during the week, and plunge into what I would call activity more representative of disintegrative drives, of aims at sharp variance with everything his outer self seems to represent.*

I am well aware that many basic impulses appear in forms not socially acceptable, that they might be called immoral, vulgar, criminal, or by other unpleasant words. The person here discussed, when seen without his mask, seems not to be directed in any consistent and purposive scheme by these socially unacceptable tendencies, but largely to blunder about at their behest. In his outer front he functions in accordance with all the proprieties, large and small, but here the reality is thin and personal participation half-hearted. He is somewhat like a small boy who succeeds in maintaining decorum and even getting a good mark for conduct while in the school room under teacher's watchful eye. Though he looks attentive, he is only shrewdly compromising, biding his time to get at what is to him more important. When the bell rings and he escapes from what he finds to be an artificial situation, an area of formalities and polite pretences, he becomes natural and plays in accordance to what he takes to be the actual rules and real aims of existence.

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*The discussion of disgust as an underlying feature of obsessive reaction by Straus is pertinent to basic factors in such a problem as this.[203]

The small school boy learns eventually to reconcile what the classroom represented and what he sought in his hours of play. He finds in his work responsibilities, ways of celebrating, etc., much that is compatible, a core at least, that he can integrate into constructive, self-fulfilling, and, on the whole, harmonious expression of basic impulses.

In such a man as the one we are considering, little harmony of this sort appears. Unlike those presented as clinical psychopaths, he has learned to carry out the formalities rather consistently and appears as actually living in a constructive and socially adapted pattern. Actually this is a surface activity, a sort of ritual in which not much of himself enters. For his more natural and inwardly accepted impulses he has found nothing reconcilable with what he gives lip-service to and must turn to patterns of behavior so immature and (subjectively) chaotic that they mock and deny all that his surface affirms.

The outer layers of socially acceptable functioning extend little deeper into affect than any other exercise empty of all but formality. He has apparently learned to carry out a lip-service in matters that he finds unreal and tedious and to take pride in how well this is performed. The inner man, as an alternative to the barren channels of formality, finds for the more valid fulfillment of real impulse only pathways or outlets which branch off in sharp deviation from the surface channels, which cannot in any way be integrated with those, and which in themselves, remain relatively archaic, poorly organized in any common direction or toward any mature goal, more or less chaotic, and socially regressive or self-destructive.

It is only confusing to interpret such a personality in terms of bad and good. From a psychiatric viewpoint, at least, such aspects of a maladjusted human being are uninspiring.

Years after the incidents recorded in this report some news of the good doctor was received which I believe would stand as

"Paradox in Paradise."

It was brought to the young psychiatrist who had accompanied Dr. ——————— during the spree just cited by an earnest, middle-aged lady with a strong penchant for talking about psychology and psychiatry and psychoanalysis, about anything containing the prefix *psyche* for that matter. Striking at once for her hearer's closest interests, she began to talk about a wonderful lecture she had recently heard in a distant town at some woman's club or literary society which was fostering the cause of mental hygiene.

The lecturer was marvelous, she insisted. He stirred up such enthusiasm, that half the ladies present had begun to study psychology. And his subject! He talked about the queerest people! They were not exactly *insane,* but they really did the most fantastic things! They were even harder to understand than lunatics themselves! But the lecturer understood them; though he confessed in all modesty that some points about them were a puzzle even to one of his own experience. He was a most impressive person; so poised and authoritative, yet always quiet-spoken. He was such an *intellectual* person. A man of wide and profound culture. And such a gentleman!

"I declare, I believe half of the women in our club wished they could exchange roles with his wife! With all that grasp of psychology just imagine what a husband he must be!"

She would like to learn more about these people . . . psychopathic personalities or psychopaths the doctor had called them.

And the doctor's name . . . She uttered it in hushed tones of admiration.

Section 3

CATALOGING THE MATERIAL

PART 1

Orientation

Chapter 25

CONCEPTUAL CONFUSIONS WHICH CLOUD THE SUBJECT

WHILE preparing the first edition of this volume, approximately ten years ago, I was impressed and sometimes astonished by the dearth of pertinent material about the psychopath in most psychiatric textbooks. At the time I prepared a brief review of current works, particularly of those widely used in medical schools and from which most practicing physicians obtain their original concepts of personality disorder. This survey, representing conditions as found ten years ago, is included in the appendix.* It seems not only surprising but almost incredible to find how little space was devoted to this disorder. With psychopaths making up so large a proportion of the patients who must be dealt with, and their problems being so serious, it was indeed difficult to understand why they were almost ignored.

If the medical student, the resident physician, or the beginner in psychiatry could find little help from the textbooks, he might, one would think, obtain from monographs or special treatises the information he needed. Despite the existence of several large and scholarly volumes on the psychopathic personality, I was unable to discover anywhere a book that came to grips with the subject in such a way as to give real or practical assistance. There was, furthermore, relatively little published at the time in psychiatric journals that had much bearing on the urgent and major problems with which so many strove in helplessness and in confusion.

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* Pages 525 to 549.

Through the literature of many decades pertinent articles were scattered. Some of these gave serious attention to the subject. Not always readily accessible to the average physician who dealt directly with these numerous patients, this largely buried but valuable material did not regularly influence methods or generally clarify the fundamental issues.

Surrounded by what almost seemed a conspiracy of silence, an evasiveness or indifference, not only the relatives of the patients but also courts, physicians, and medical institutions had, it seemed, little to guide them in a task of the first order.

At present there are indications of more practical interest in the problem. Popular textbooks, it must be admitted, still have relatively little to say, but in their current treatment of the psychopath there is a happy departure from the once almost universal procedure of mixing the few pages or paragraphs on this subject with all manner of unrelated deficiencies, congenital organic brain diseases, etc.

The confusion and equivocation in which our subject has been all but lost can be better understood from a historical survey. Since the first edition of this book was prepared, Maughs[142] has published a thorough and valuable study of this sort. It is not practical here to do justice to the evolution of concepts which Maughs traces through more than a century and a half. A few points, however, have so much bearing on our central problem that they demand notice.

Over a hundred years ago Pinel recorded his surprise in finding that many patients do not show the disordered reasoning assumed to be necessary for psychotic behavior. He is quoted by Maughs thus:

> "I thought that madness was inseparable from delirium or delusion, and I was surprised to find many maniacs who at no period gave evidence of any lesion of the understanding. . . ."[142]

Prichard's descriptions of a "moral insanity" and Benjamin Rush's beliefs about derangement of the "will" suggest that such patients as we now call psychopaths were observed and the absence of delusions, irrationality of thought, etc. were noted. Maughs gives a most helpful account of the efforts to interpret such disorder in terms of disease that spares the intellect but attacks other "faculties" such as "moral affections," "will," "sense of Deity," "emotions," etc.[142]

It is most interesting to note that these earliest observers* not only recorded that serious personality disorder occurred in the absence of "a lesion of the intellect" but also that they were strongly inclined to recognize it as illness, to distinguish it from ordinary crime or depravity.

Despite the fact that they dealt largely with philosophical abstractions and assumed various "faculties" which were treated as separate and established entities, their practical conclusions seem far more realistic than many subsequent concepts and, in fact, distinctly superior to those that now determine the medical and legal status of the psychopath.

Dr. Ordronaux, Professor of Medical Jurisprudence at Columbia University in 1873 expressed a contrary point of view that soon prevailed and, translated into other terms, represents rather accurately the real attitude toward our problem that remains predominant today. As quoted in part from Maughs, Ordronaux says:

> "Our moral nature is, like the mind, a special endowment. It feels, it is conscious . . . Moral nature knows no alterations in rhythm, craves no rest, never sleeps voluntarily. The only disease to which moral nature is subject is sin."[142]

Though still assuming that "intellect" and "moral nature" are in actuality "things" as separate and independent as the words used to designate them, Ordronaux is quite sure that one, unlike the other, is not subject to any sort of disease.

At this point it might be helpful to ask ourselves a few questions. In psychiatry as in most all other fields of human endeavor the belief in faculty psychology has long been abandoned. Primarily and chiefly through the persistent efforts of Adolf Meyer, nearly all medical workers agree today that we do not encounter a "mind" independently of a body, that we had best confine our attention to what we meet in experience, that is to say, a person who may show disorder in various aspects of his functioning. We reject the demand to deal separately with an "intellect," a "moral faculty," a "will," etc., as if they were, apart from the words, things that can be isolated for study or for treatment.[124, 151, 152, 153]

In view of our generally avowed position in this matter, it is not a little surprising to find how concepts deeply rooted in the long-discarded faculty psychology enter, by the back door, and influence the attitudes and practices of today. A few of the many important points made by Korzybski are extremely pertinent here. Without attempting to go into the deep and general confusion, the ineffective procedure that can arise through the incompatibility of language and concept with fact, it is worth our while to consider for a moment what Korzybski and his co-workers refer to as consciousness of abstracting.[105, 124]

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*Pinel, Esquirol, Rush, Woodward, Conally, etc.[142]

It is obvious to us today that what most psychiatrists and psychologists talked and wrote about some decades ago were verbal abstractions and that these were treated as if they referred to what can be met in experience. By juggling these verbal artifacts, without realizing (and admitting) that they do not correspond to necessarily real and separate entities, logical and eloquent arguments can be made, but such philosophizing usually has little applicability to the world in which we live. In medical problems this method has been peculiarly unrewarding.*

If we grant that *mind* and *body, thinking* and *feeling, moral faculty* and *intellect, character* and *personality* cannot, except in language, be split apart and dealt with as clear-cut entities, let us keep this fact clearly in mind. This is not to say that such terms must not be used. It is neither practicable nor possible to avoid them. They convey something that is important. When the relative of a patient asks, "It's not her mind, is it Doc?" and gets the reassuring answer, "No, it's just her nerves," he may receive useful and valid information. (That she is not psychotic.) On the other hand, he may receive a good deal of information that is not only misleading but sometimes distinctly harmful.[82] He may find himself automatically instructed to this effect:

1. That his wife's trouble is confined to the peripheral nerves.
2. That these nerves are weak (in the most literal sense), or perhaps frayed and a bit tangled.

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*In metaphysics or in personal formulations of religious conviction and other individualized value-judgments, such concepts may be essential and necessary to human endeavor. Medicine (including psychiatry) has nothing to say against the value of methods and concepts that apply to the subject in dealing philosophically, theologically, or personally with matters beyond its bounds and from aspects impertinent to its task. The methods of medicine do not apply here. Such responsibilities do not belong to the doctor. He may work in metaphysics or mysticism but there is no evidence that by medical methods he can solve such problems.

3. That the nerves have actually, as she often told him, been jumping about in her body and knotting up in painful snarls.
4. That she really has nothing wrong with her but is just putting on.
5. That a little *active medicine* or a *nerve tonic* will cure the sickness localized, fortunately, far from her "mind."
6. That, since she got run down and developed nervous exhaustion, a lot of rest in bed is plainly the answer.

As psychiatrists it is no doubt clear to us that "nervous trouble" is a kind of "mental trouble" and we are not likely to be confused in such a way as the patient's husband. Nor are we likely, today, to believe that a neurosis is caused by toxins arising from sexual frustration or that it is something essentially different from a psychoneurosis.[65, 90] We are not likely to feel we are talking about a patient with ordinary psychosis ("mental illness") when we refer to a psychopath, despite the fact that our term unequivocally signifies illness of the "mind." To escape the unjustified implications of faculty psychology we wisely avoid diagnosing "moral insanities," but we often turn to "neurotic character" as a term to indicate the same type of disorder.[4, 62] Whatever terms are used, it is important for us to retain full realization when we abstract in a term or concept some aspect of what we meet only as an integrated entity.

The early material cited and discussed by Maughs makes clear the difficulties encountered seventy-five or more years ago in trying to solve psychiatric problems on the assumptions of faculty psychology. It also prompts me to ask if the chief medicolegal decisions today are not determined almost entirely on the question of whether or not a "lesion of the intellect" can be demonstrated?

In more recent decades two tendencies particularly seem to have played a major and persistent role in isolating the psychopath from practical consideration and in concealing him in a strange and gratuitous confusion. One of these tendencies arose from efforts to group these patients with many other types by no means similar. The other seems to have proceeded from ambitious attempts to break down the psychopath's disorder by fine and largely imaginary distinctions, by all sorts of descriptive nuances and diagnostic legerdemain, into theoretical entities to be differentiated and classified under many subheadings.

These attempts at elaborate differentiation have been applied not to a distinguishable group having in common fundamental features that could be brought into conceptual focus, but to an essentially heterogeneous referent. A good analogy would arise if someone set out to establish and list scores of inconsequential differences between Buicks, Oldsmobiles, Plymouths, Cadillacs, Lincolns . . . etc., by studying assiduously a general material in which automobiles, ox-carts, demolished freight cars, jet planes, rural wood sheds, and the village pump were undistinguished, embraced under a single term, and treated through such concepts as can be formed in such an approach. Would it not be wiser to put all our automobiles together in a field of reference before attempting to take further steps?

It is, perhaps, worth-while to say here that the more types our writers enumerate and the more seriously they take these philosophical artifacts the less likely one is to find any relation between what is in the book and our direct experience with psychopaths. Before these fine distinctions can be made to any good purpose there must first appear some recognition of the basic group that is to be further differentiated. This seems notably lacking where word-play is most extensive and ambitious.

Either of the two practices mentioned above would in itself have introduced more than enough obscurity. Together they have worked to make a confusion unparalled in the whole field of psychiatry.

As the psychoses were recognized and the psychoneuroses distinguished from these, it became increasingly popular to put more or less anything that failed to go in these categories with the psychopath in a veritable diagnostic salad of incompatibles. The term psychopathic personality, of course, invites such practice with its literal applicability to all psychiatric disorders.

Early in the present century Meyer called attention to the importance of separating patients now generally called psychoneurotic from the heterogeneous conglomeration of types among which the psychopath was then and is now officially placed.[155] Through persistent efforts the mental defective was also distinguished and today is considered apart.

While mentally defective patients were undistinguished from the psychopath, many excellent observers found and reported physical abnormalities, stigmata of degeneration, gross neural pathology in the general group. It is not remarkable to see that such findings became associated with (and regarded as characteristic of) not only the patients in whom they occurred but also with the psychopath and other unrelated patients, all of whom were considered together as more or less identical examples of a constitutional defect state.[83] It is, however, truly remarkable that such errors have persisted through the years and decades. A good example is afforded by material from a popular textbook published in 1936.[180]

In this ponderous volume, totaling 1,231 pages of text, we find less than five pages spared for our subject. After several descriptive statements that could apply accurately to the behavior of the real psychopath and that seem to indicate him as the subject under discussion, physical characteristics of "constitutional psychopathic inferiority" are given through an extensive quotation from another authority.[91] Some of these physical characteristics, presumably of the psychopath, deserve a moment of consideration:

> "The brain may be abnormally large or small or defective either in part or as a whole. The abnormalities may be due to defective development, injury, tumor, infection, or vascular accidents such as cerebral hemmorrhage, or to interference with the circulation of cerebrospinal fluid such as occurs in hydrocephalus. Associated with these abnormalities are weakness and paralyses of various parts of the body as well as varying degrees of intellectual defect. The spinal cord likewise may be affected with resulting weaknesses or paralyses. There may be gross physical defects in the development of the eyes, ears, nose, mouth, arms, hands, legs, feet, rectum, anus, and external urogenital organs. Minor physical defects sometimes referred to as stigmata of defective development include abnormalities of the cranium, malformations of the external ears, eyes, nose or mouth (abnormal spacing, position or defective development of teeth; high-arched palate, harelip or cleft palate), webbing of fingers or toes, distorted or supernumerary digits, excessive amount or absence of hair, undescended testicles, and infantile uterus."[91, 180]

Just what bearing this curious compendium of deformities may have on the question of the psychopath I am scarcely prepared to say. A causal relation, to which the textbook[180] does not openly commit itself but seems somewhat evasively to imply, is scarcely to be assumed, even if it is not to be dismissed at once as fantastic. None of the many hundreds of psychopaths whom I have observed showed any such picture as one gets from reading this quotation in the context that is given. Although such stigmata and such gross brain changes are sometimes associated with mental deficiency, gross cerebral agenesis, and various organic diseases, they are certainly not regarded as characteristic of psychopathic personality. In fact, if such abnormalities as these were found in a patient, the diagnosis of organic brain disease, mental deficiency, or of some definite heredodegenerative condition would become inescapable and the diagnosis of psychopathic personality unlikely if not impossible.*

After other brief descriptions the author under discussion adds a statement which is all but incredible. Following the opinion that prognosis is hopeless for complete recovery, it is asserted that psychopaths are not likely to improve "unless a psychiatrist can take them in hand for six months and teach them how to live."[180] Under these conditions great improvement is considered probable. It is quite clear that more than a few different and extremely unlike things are being considered. Though all these are grouped under one name, they do not thereby gain homogeneity. Nor does it seem helpful for purposes of description, study, or treatment, to approach either the psychopath or patients of these other types in such a manner.

A few paragraphs beyond the account of physical defects and gross neurologic abnormalities quoted above we find the description of a subtype, "the feebly inhibited," which includes these interesting statements:

> "On the functional side these individuals are notoriously subject to 'general nervousness'. 'Specifically, we find tremors, facial or other tics (habit spasms), abnormal movements of the eyes, headaches, little attacks of enuresis, prolonged throughout childhood, and so on.' The organs of the special senses are particularly apt to show signs of inferiority; defective vision is very common."[180]

Any person familiar with the psychopath as he is met in clinical experience will need no prompting to realize what confusion is likely to ensue if the medical student tries to reconcile books and facts at this point.

Let us give a little more attention to these statements. The book from which they are taken was published in 1936. The last quotation is to be found, repeated precisely to the last comma, in another volume by the same author published in 1945.[181] It is of interest to note that the entire passage also appears in *The Individual De-*

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*In Henry's original text from which the quotation was taken, this list of physical deformities and organic brain and spinal cord diseases and abnormalities precedes a description of mental deficiency, to which it has pertinent application.[91]

linquent (William Healy, 1915),[83] a work which expresses concepts widely accepted and congruent with the terminology at that time but at confusing variance with official standards in 1936* and long ago discarded by Healy. Though no longer representing the original author or the criteria of the American Psychiatric Association, we find this archaic concept carried verbatim in a textbook published twenty-one years later and in another published thirty years later.

And with all this we find other statements, some applicable to the real psychopath and apparently so directed, but plainly incongruous, if not indeed fantastic, if one attempts to correlate them with the material just quoted from the same volume. It is said, for instance, of these people that "they suffer from no physical or mental disease that would account for their deficiency." (What about those brains abnormally large or small and defective in part or as a whole? What about tumor, infection, cerebral hemorrhage? What about paralyses and "gross physical defects of the . . . nose . . . legs . . . anus," etc.?)[180]

One should not be hasty in attributing the confusion about our subject as it is so often presented in psychiatric textbooks to carelessness or ignorance on the part of the authors. It is worth-while for us to remember that these authors are attempting to treat many disparate and not a few distinctly incongruous matters under a single heading. Even today our officially approved standards demand that a good many different disorders be so treated. Often we find much broader and more heterogeneous areas embraced and such a motley conglomeration of diverse subjects appears under a single label that even the most sagacious author can say little without falling at once into paradox, error, and soon into absurdity. His statements may be sound, accurate, and entirely pertinent to the various subjects he, perchance, has in mind and at the same time ring loud with nonsense as they strike willy-nilly upon other and alien subjects all forced under a single identifying term that applies to nothing except in language.

The second tendency, already mentioned above, is illustrated in the brief space (five pages) of the textbook we have been discussing.[180] Not only do we find many dissimilar subjects treated under one term, but also a record of ambitious attempts to devise subtypes on a superficially descriptive basis unrelated to the real and obvious differences (such as, for instance, between a case of cerebral agenesis and a typical psychopath). We are given the various "types" as listed by Kraepelin, Schneider, and Partridge:

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*It is only proper to emphasize that Dr. Healy's subsequent writings do not suggest any identification of the type of patients we are discussing with other sorts of disorder related to organic brain disease. His work, on the contrary, stands out among the most valuable efforts of those who have helped clarify these matters.

KRAEPELIN

1. The excitable
2. The unstable
3. The impulsive
4. The eccentric
5. The liars and swindlers
6. The antisocial
7. The quarrelsome

SCHNEIDER

1. The hyperthymic
2. The depressive
3. The insecure
4. The fanatic
5. The self-seeking
6. The emotionally unstable
7. The explosive
8. The affectless
9. The weak-willed
10. The asthenic

PARTRIDGE

1. The delinquent
2. The inadequate
3. Those with general incompatibility

To these the author of the textbook adds his own list of types:

1. Kleptomania
2. Pathologic liars
3. Eccentrics
4. Sex abnormalities
5. The feebly inhibited[180]

Is it an exaggeration if we say that the difficulties confronting the psychiatrist who has to approach the psychopath through such a tangle of concepts (and it is our traditional method) are comparable with those that would be faced by a general practitioner discussing leukemia if this term meant also a broken leg, hemorrhoids, pregnancy, brain tumor, and the common cold? And if there were no other term available!

Throughout the last twenty years Kahn's treatise entitled *Psychopathic Personalities*[110] has, if one can judge by references in textbooks and in the psychiatric journals, been generally regarded as the authoritative and the most useful source of information about our present subject. This I believe to be scarcely less unfortunate than paradoxical. Here we have a valuable and scholarly work by a distinguished psychiatrist, a large volume embodying the author's fundamental concepts of personality structure and psychopathology in general. But we find little or nothing in all this material that has any pertinent relation to our group of patients. We find, in fact, all the psychoneuroses treated under the heading "psychopathic personality" and a list of sixteen categories that seem occasionally to touch but never to clarify our subject. Kahn's use of the term *psychopathic personality* is, in my opinion, not only justifiable but more in accordance with its obvious literal meaning than our approved use. Such questions are, however, not particularly germane. The point that demands emphasis is that our chief scientific work generally regarded for a couple of decades as authoritative in the field turns out not to be a book about the psychopath but a careful and valuable study of other subjects. Among these subjects it is difficult to find material related to our problem.*

In his work, which is primarily concerned with psychopathology in general, Kahn, in accordance with established practice, lists types which have been almost universally quoted as characteristic subdivisions into which the psychopath can be classified:

1. The nervous
2. The anxious
3. The sensitive
4. The compulsive
5. The excitable
6. The hyperthymic
7. The depressive
8. The moody
9. The affectively cold
10. The weak-willed
11. The impulsive
12. The sexually perverse
13. The hysterical
14. The fantastic
15. The cranks
16. The eccentric[110]

The authors whom we have quoted and briefly discussed are not responsible for the confusion that surrounds the psychopath. Such an approach to the subject is the traditional approach that has for decades prevailed in psychiatry. Even the most wise and painstaking efforts cannot clarify a subject unless the subject is available.

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* See Appendix B, pages 525 to 549 for additional discussion of this matter.

Many of the works mentioned are held in high respect by myself. In them other subjects are handled in such a way that those who seek reliable information can find it without undue difficulty.

It is hoped that these points may help us keep in mind that in our attempts to understand the psychopath we must struggle not only with the intrinsic problem of trying to distinguish and evaluate a complex psychiatric disorder but also with an almost impregnable approach. To touch our subject itself we must somehow make our way through a surrounding zone dense with false or dubious assumptions, mined with terms that at the same time make sense and nonsense. The approach to our subject is, furthermore, skillfully camouflaged by traditional influences that may, before we know it, have us talking about two or four or seven other things, no matter how earnestly we strive to speak of one at a time. I have little doubt that the present attempt to discuss the psychopath will, like those of others, suffer from the general and intractable confusion.

Chapter 26

CLARIFYING THE APPROACH

DESPITE the difficulties that have been discussed, efforts to study the psychopath have proceeded. No modification of the official psychiatric attitude has occurred and no step has been taken to make it possible to deal with the disorder by medical methods. But information has been accumulating that may someday bring this about.

The studies of Partridge have been valuable in focusing attention on the type of patient who needs attention as a separate entity rather than in a confused group. In his writings one finds a discernible and well-presented clinical picture. Partridge's three general types include only psychopaths, and the relatively modest distinctions among them impress us as valid rather than imaginary. Here, too, we find a clear rejection of the time-honored assumption that psychopaths are marked by gross physical defects and "stigmata of degeneration" and that their disorder has been satisfactorily related to inborn defects. This valuable contribution, though largely ignored by many authorities, merits recognition today.[168, 169, 170, 171]

Long ago, when the psychopath was, even more than at present, confusingly submerged in a nonspecific category (known only by terms applied also to a wide variety of gross physical defect states), Healy and those who worked with him began to emphasize the purposive or reactive nature of antisocial behavior.[7, 84, 85] Careful attention was given to the emotional deprivations and distortions of aim that lay behind maladapted acts, and evidence of influences essentially psychogenic were noted and evaluated.

In work with juvenile delinquents, Healy pointed out that under similar conditions of insecurity or emotional deprivation one child might show anxiety, passive withdrawal, etc., and another aggressive mischief, apparently in response to the personal stress. These observations have been helpful over the years in efforts to interpret and to deal with behavior disorder.

Though relatively neglected for a long period by those concerned with interpretive or causal as contrasted with simply descriptive formulations, the psychopath received attention from Alexander, who has given, probably, the most plausible account of etiologic forces that may play an important part in his abnormal behavior. On the basis of analytic study, he concluded that emotional conflict could be demonstrated as a fundamental causative factor and that the disorder should properly be called "neurotic character."

An interesting contrast is made by Alexander between ordinary neurosis, in which repressed impulses find a symbolic or substitutive expression in subjectively unpleasant symptoms, and character neurosis, in which the unconscious drives appear in maladapted objective behavior. In both disorders unconscious conflict is postulated. This conflict may, in orthodox neurosis, give rise to conscious anxiety without visible source or impulses (repressed and ungratified) may be manifested indirectly by displacement (as in obsessions, compulsions, etc.) or otherwise (as in conversion paralysis, anesthesia, etc.). In character neurosis unconscious impulses obtain a sort of fulfillment in another manner, by a pattern of pathologic behavior in which asocial, apparently purposeless, sometimes self-defeating and antisocial acts are carried out persistently. This pattern is followed despite penalties and in the absence of adequate conscious incentive.[4, 6, 7]

The essential points of this dynamic formulation have been accepted by many.[62, 145] I find it a uniquely valuable and important contribution.

How regularly the essential conflict and the means of its expression can be adequately demonstrated in real psychopaths by psychoanalytic procedure can only be tested by those qualified in that method. In the experience on which the present work is based, much has been encountered that suggests such causal factors and mechanisms of expression as those reported by Alexander. With the material discussed here and the available methods of approach, convincing evidence could not be regularly demonstrated to account adequately for the disorder on such a basis. I am strongly inclined to believe, nevertheless, that psychogenic influences play an important part in its development. Considering cases that have been referred to qualified analysts for therapy, as well as the results of personal psychiatric study of this group, the opinion is offered that these patients are more difficult to explain adequately (and to treat) than most other types.

The term *neurotic character* adopted by Alexander to designate the psychopath, while it may be of value in suggesting a psychogenic etiology, is in some respects not conducive to progress in dealing with our problem. This point has been well emphasized by Karl Menninger in a discussion of the practical need of a new official name for the psychopath.[146] As pointed out by Menninger, the word *character* in such a use offers possibilities of confusion. If one patient has a neurotic character and another a neurotic personality, then just what is a character? And just what is a personality? And just how do they differ? There is, we may emphasize again, a considerable possibility of arousing the ghosts of a faculty psychology in our use of these terms.

Menninger makes another point in speaking of neurotic character that I believe is of essential importance. "The condition," he writes, "is closer to a psychosis than to a neurosis and the term neurotic is, therefore, misleading."[146]

A helpful study of the psychopath by Henderson presented in the Salmon Lectures (1938) and subsequently published[87] calls attention to the seriousness of the problem. From this presentation the reader is able to get clear ideas about actual cases as they appear clinically and the need for better methods of handling them.

Over a period of several decades Karpman has called attention to the psychopath, pointing out how little serious effort has been made by psychiatrists to understand or to deal with the essential problem. Karpman has reported psychogenic factors as responsible for the behavior disorder in many instances and believes that most patients classified as psychopathic personality should be called neurotic. A small residue of patients for whom he proposes the term anethopath, are, in Karpman's opinion, essentially unlike the others in that they are disabled by intrinsic defect rather than by dynamic psychopathologic reactions.[113, 114, 115, 116]

The patients reported by Karpman impress me as being in general somewhat more given to organized and consistent antisocial activity and to more seriously criminal conduct than those described here. Patients with more circumscribed behavior disorder seem to differ considerably from the typical psychopath, but experience does not indicate that those called anethopaths by Karpman are rare. Failure to find a causal psychopathologic explanation, even by Karpman's thorough studies, does not convince me that we can conclude that the possibility of such factors is eliminated.[117]

In these studies the very great egocentricity, the inability to form any important or binding attachment to another, the failure ever to realize and grasp the very meaning of responsibility, all features that I believe to be most essential, are emphasized by Karpman and made clear as seldom done in other literature on the psychopath. It is doubtful if any one else has done so much to elucidate this psychopathologic picture and similar antisocial behavior disorders.

The new official nomenclature adopted by the United States Army Medical Corps[160] avoids many obsolete psychiatric terms and the confusions, latent and overt, which these preserve. Such terms as *anxiety reaction, conversion reaction, dissociation reaction,* etc., happily avoid unfortunate implications that, in our official nomenclature, are promoted by *neurasthenia psychasthenia,* the choice between *anxiety state* and *anxiety hysteria,* etc.

By placing the typical psychopath under a general heading of "Adult Character and Behavior Disorders," the army classification has removed some of the confusion discussed in the previous chapter. To me it seems unfortunate to find the relatively static schizoid, cyclothymic, etc., syndromes under the same heading. These, however static or however mild, would, it seems, more logically go with other schizoid, affective, etc., reactions. A good deal, however, has been gained. A helpful and interesting study by Solomon of patients with behavior disorder treated at the U.S. Disciplinary Barracks, Fort Missoula, Mont., affords evidence of the advantages offered by the Army nomenclature.[195]

In the scheme of classification that is established as official in our country, we still find the diagnosis of psychopathic personality among those conditions considered as being "without mental disorder." The general term is subdivided as follows:

Psychopathic personality

With pathologic sexuality. Indicate symptomatic manifestations, e.g.: homosexuality, erotomania, sexual perversion, sexual immaturity.
With pathologic emotionality. Indicate symptomatic manifestations, e.g.: schizoid personality, cyclothymic personality, paranoid personality, emotional instability.
With asocial or amoral trends. Indicate symptomatic manifestations, e.g.: antisociality, pathologic mendacity, moral deficiency, vagabondage, misanthropy.
Mixed types.[164]

The first division, *pathologic sexuality,* will be discussed later.* Suffice it to say here that only the last term, *sexual immaturity,* has been characteristic of our group.

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* Pages 316 to 327 and 387 to 391.

In the second division, *pathologic emotionality,* the schizoid, cyclothymic, and paranoid personalities are relatively mild and relatively static deviations of the same types familiar in schizophrenia, manic-depressive psychosis, and paranoid psychosis. Their disorder or disability is very different clinically from that discussed in this volume. The psychopath shows little or no indication of suffering from a deviation in the direction of such a disorder as schizophrenia, manic-depressive psychosis, or paranoia, but shows a disorder quite different. Characteristic schizoid or cyclothymic traits are not features of the psychopath. Though psychopaths tend to blame their trouble on others, they do not, like patients with real paranoid deviation, organize and persistently follow out highly purposive plans or hold tenaciously to strong affective attitudes. Emotional instability is, in a shallow sense, applicable to the psychopath, but this quality scarcely seems an outstanding or fundamental deviation. Many, as a matter of fact, show less evidence of anxiety, uneasiness, etc., and other reactions implied by emotional instability than the average person.

The descriptive terms included in the third category apply in varying degrees to many of the cases discussed here, but these scarcely seem either broad enough or deep enough to be of value as diagnostic formulations.

Here, under our official term *psychopathic personality,* we find grouped many types of disorder. These disorders have very little in common. One thing that has been presumed about some of them, that they are relatively trivial as contrasted with extremely disabling conditions, we grant, so far as schizoid personality, cyclothymic personality, and paranoid personality are concerned. This characteristic of being an incomplete degree of various sorts of disorder we deny as applying to the subject of this volume. Only by a manipulation of verbal categories can such disorders be identified with the specific disorder shown by those regularly called psychopaths.

It is perhaps in silent recognition of the absurdities in our official category that psychiatrists in practice avail themselves of the more or less slang term which is a sort of nickname for our subject. When one psychiatrist on the staff of a state hospital, or at a meeting of the American Psychiatric Association, expresses to another some thought he has about the *psychopath,* it is immediately and plainly understood that he is not making reference to schizoid disorder or to sexual deviation *per se,* but to a disorder nearly all psychiatrists recognize and recognize as distinct from the heterogenous mess of unrelated disorders with which it is officially listed. There is nothing vague about these patients clinically. Their course of conduct can be predicted with much greater accuracy than that of patients with defined psychoses. Since we are not legally and formally given terms we can apply, we tend to go on, in slang or otherwise, in our efforts to express ourselves intelligibly.

If one attempts to discuss this type of patient and uses the approved term *psychopathic personality* in its official meaning, it is difficult to be either clear or accurate. In fact, it is difficult not to talk nonsense if any one bears in mind all the things that term is recognized as including.

What can be said correctly about a psychopath has little or no significance for the other conditions to which psychopathic personality also applies by its official definition. Any sensible plan for treatment or for handling psychopaths (as they have been presented in this volume and as they are generally understood by working psychiatrists) would make little sense if applied to all the other kinds of disorder identified with them verbally by our scheme of classification.

PART 2

A Comparison With Other Disorders

Chapter 27

PURPOSE OF THIS STEP

SOME material has been presented in which manifestations of the disorder occur. It is our task to arrange it in such a way that its features can be seen clearly and compared with the features of other disorders. Such a step should be helpful in our efforts to recognize what we are dealing with and to evaluate it. Let us compare these patients known as psychopaths with others showing clinical illness and deviated reactions or patterns of living. Significant details should emerge, differentiation should become clearer, and distinguishing features of our subject should become more apparent.

The contrast with some surrounding types is so obvious that only a few points need be made. In discussing other disorders not so clearly defined, and those traditionally confused with the psychopath, more extensive consideration is demanded. When there are important common characteristics between the two groups compared, it may be worth-while to go into even more detail and bring out all features that can be helpful in delineating our subject. Only a few paragraphs or pages will be given to the discussion of some items that follow. To others which deserve it, a great deal more space will be devoted.

In Part 2 we shall consider the psychopath's relation to:

1. The Psychotic.
2. Deviations Recognized as Similar to the Psychoses but Regarded as Incomplete or Less Severe Reactions.
3. The Psychoneurotic.
4. The Mental Defective.
5. The Ordinary Criminal.

6. Other Character and Behavior Disorders, Including Delinquency, etc.
7. Specific Homosexuality and Other Consistent Sexual Deviations.
8. The Erratic Man of Genius.
9. The Injudicious Hedonist and Some Other Drinkers.
10. The Clinical Alcoholic.
11. The Malingerer.
12. Fictional Characters of Psychiatric Interest.

Chapter 28

THE PSYCHOTIC

(References 62, 158, 162)

LET us first, for the sake of emphasis, contrast very briefly the psychopath with the general group of psychotic patients to which he is considered not to belong. These, if their disorder is well advanced, are usually recognized by the law as "insane" and by the man on the street as irrational, irresponsible, plainly unable to accept the general facts accepted by humanity at large, and, furthermore, unable to provide for themselves or to remain safely or conveniently at liberty among their fellows. Such people frequently have beliefs which are not only false but bizarre, inconsistent, and nearly always impossible to remove even by convincing demonstrations of their impossibility. Ready examples are: the belief of a soda-jerker that he is an emperor dead a thousand years ago, a belief still maintained although the patient admits he is living in the twentieth century and realizes that he is in a psychiatric hospital and that he grew up in the local slums; or the belief of an inconspicuous clerk that a world-wide organization has been formed to persecute him because of jealousy aroused by the fact that his testicles are pure radium.

Many of these patients hear voices speaking to them and cannot be made to see that these are imaginary. To the layman they are plainly not people to reason with or to be relied on but are obviously "demented." One can see that they do and say foolish or fantastic things because their reasoning processes, not to speak of their perceptions, are gravely disordered or misdirected. Their general personality outlines are often distorted or sometimes even appear to be destroyed.

Patients in whom a milder psychosis exists usually show some of these specific peculiarities and always show general personality deviations which enable the psychiatrist eventually to place them in their proper classification. These patients with milder disorder often are able to get along without serious difficulty in the community just as a patient with mild influenza may not even go to bed whereas one with a severe attack may lie delirious, unable to sit up, and finally die. These milder degrees of psychosis, however, show the same type of disorder found in the more severe and obvious manifestations just as the mild influenza attack is the same in type but not in degree as the serious one.

It is, perhaps, worth-while to add here that not all those suffering from a typical psychosis, even when the disorder is serious in degree, give an obvious impression of derangement. Severe paranoid conditions, particularly those of the most malignant type, may exist for years in persons who lack all superficial signs that the layman often feels should be apparent to establish psychosis (insanity).[19, 143]

Sometimes such people appear not only normal but brilliant, and their powers of reasoning in all areas except those dominated by delusion are intact. The delusions themselves may even be withheld when the excellent judgment of the subject discerns that they will not be accepted by others or may interfere with psychotic plans toward which he is assiduously and ingeniously working. "Why, if I'd let the public in on these facts, a lot of fools might have thought I was insane," one such patient explained. Another who had for years been hearing imaginary voices which he accepted as real, admitted that he denied this to the draft board because, "They might have thought something was wrong with my mind." He had been doing a satisfactory job and, on the surface, making a good social adjustment in his community. He was accepted for service in the army.

Another man with clear-cut paranoid delusions prospered for years by selling stocks and bonds to opulent widows and to others in whom his enthusiastic optimism and shrewd reasoning powers worked marvelous conviction. He was indeed persuasive. To my definite knowledge he induced a friend to believe that serious mental disorder threatened him, or was perhaps already present. Offering to help the friend, who naturally became alarmed, the paranoiac made arrangements for his hospitalization and, accompanying the other, had him voluntarily admitted to a psychiatric institution. After a period of observation the friend was found to be free of any such trouble. Months later the real patient's delusional system was elicited and his commitment deemed necessary.

Even today one often encounters popular misconceptions of what constitutes psychosis or seriously disabling "mental disorder," that seem to belong to earlier centuries. Even when patients are speaking frankly and continually about hearing voices from the next county (or the next world), relatives occasionally express surprise at the opinion that "anything could be wrong with his *mind,*" insisting that he had been running the store as well as ever, adding up the accounts without error, and showing his usual common sense in daily affairs.

Fanatics and false prophets who show real but not so obvious signs of classic psychosis, as everyone must by now have learned, sometimes attract hundreds or thousands of followers who contribute large funds to projects founded on delusion. If news reports by many observers can be relied upon, even those showing plain evidence of very serious disorder, persons as fully psychotic as many on the wards of the state hospitals, also succeed in appearing to large groups not only as sage leaders or men with supernatural powers, but also as God.[13, 22]

The psychopath, on the other hand, is free of all technical signs of this sort. There are no demonstrable defects in theoretical reasoning. At least he is free of them in the same sense that the general run of men and women are free. He carries out his activities in what is regarded as ordinary awareness of the consequences and without the distorting influences of any demonstrable system of delusions. His personality outline is apparently or superficially intact and not obviously distorted.

The diagnostic formulation, *psychosis with psychopathic personality,* deserves a little attention. According to the Statistical Manual:[164]

> "The abnormal reactions which bring psychopathic personalities into the group of psychoses are varied in form but usually of an episodic character. Most prominent are attacks of irritability, excitement, depression, paranoid episodes, transient confused states, etc. . . . True prison psychoses belong in this group.
>
> "A psychopathic personality with a manic-depressive attack should be classed in the manic-depressive group and likewise a psychopathic personality with a schizophrenic psychosis should go in the dementia praecox group. Psychopathic personalities without episodic mental attack or psychotic symptoms should be placed in the group 'without psychosis.' "

In agreement with Cruvant and Yochelson,[42] I cannot see that anything is gained through such a classification. If a psychopath develops some other disorder such as schizophrenia or affective psychosis, the additional disorder can be listed properly without recourse to such an appellation as that mentioned above. So, too, if transient confusional states occur, they may be so classified in the psychopath as in others.

The setting up of such a category tends to promote confusion by implying the presence of a specific psychotic illness different from, and in addition to, the psychopath's essential disorder and that this, even if it is correctly listed as schizophrenia, paranoid psychosis, etc., needs the further qualification, "with psychopathic personality." The transient confusional states considered by some as a characteristic reaction of psychopaths to imprisonment are usually trivial (minor) additions to or complications of the very serious, incapacitating disorder that is fundamental. Such manifestations might be compared with those of a schizophrenic patient who by chance also develops delirium tremens.

If the psychopath develops major or minor disorder of a type classed among "the psychoses," it can be signified by addition of the usual term, just as if he had developed brain tumor or peptic ulcer. There seems to be neither need of nor warrant for a hybridizing concept which does nothing to clarify but a good deal to cloud the issues. I am not sure there is much more need for "psychosis with psychopathic personality" than for "psychosis with red hair" or "neurosis with a Ph.D. degree."

Chapter 29

DEVIATIONS RECOGNIZED AS SIMILAR TO THE PSYCHOSES BUT REGARDED AS INCOMPLETE OR LESS SEVERE REACTIONS

AS noted earlier, these conditions are still classified officially under the same diagnostic term as the disorder to which this volume is devoted. Such an arrangement has been approved by some as a means of placing together groups assumed to be on the border line of real personality disorder with a genuine similarity in degree if not in type. Such an assumption can be made only by ignoring many hard and pertinent facts.

There is another argument in favor of using one term to identify these diverse clinical realities. This arises from efforts to distinguish as active disease processes the psychoses and psychoneuroses from other conditions presumed to be circumscribed defect states or relatively static deviations. It is true that some genuine similarity can be discerned here among all the diverse conditions listed under psychopathic personality. This similarity has, it seems to me, been given an undue importance.

It is far from proved that pathologic conditions which we call schizoid personality or paranoid personality begin at birth and remain unchanged throughout life. There is a vast range of difference in chronicity, reversibility, severity, prognosis, etc., throughout the schizoid disorders, and, indeed, throughout the paranoid and affective disorders also. Some real illnesses, diagnosed by the newer United States Army classification as schizoid reaction or paranoid reaction, can be distinguished from ordinary schizophrenia or paranoia by their relative transiency even though the traditional earmarks of psychosis are prominent.[160] Much would be gained both logically and practically if in our official nomenclature we could place all essentially schizoid disorders in an appropriate category and then make what further distinctions are useful as to transiency, chronicity, degree, etc. Since schizoid manifestations vary from rapid processes to maladjustments apparently static, from relatively mild deviations and disabilities to total incapacity and maximum personality disintegration, let us then reflect these facts in our language. As a matter of fact, as every psychiatrist well knows, many patients after an initial disorder of slow or rapid progress (disease process) become static or relatively static at widely varying levels of deviation from the normal. So too, it seems, we should deal with affective and paranoid disorders. Without minimizing the fact that schizophrenia is an illness no less than scarlet fever, it is perhaps more profitable to conceive of it as a complicated distortion of the life process (or, as has been said, *a way of life,* albeit an extremely pathologic way) than as a circumscribed external agency that selects and falls upon its victim.

Active and progressive schizophrenic illness probably arises out of tendencies and influences not unlike those which underlie the milder and more static distortions we label as schizoid personality.

In nearly all important respects it seems to me that what is called the psychopath differs greatly from people showing schizoid, paranoid, and cyclothymic disorder or deviation in degree short of psychosis and in whatever state of chronicity. Not only does the psychopath vary in type but his specific disorder varies in severity from a mild or borderline degree up through great degrees of disability. There are also behavior patterns of this sort which prove to be temporary.

It will perhaps be worth-while to consider briefly an example from the secondary group distinguished under various subheadings (schizoid, cyclothymic, etc.) and officially classed with the psychopath in a primary pigeon hole labeled *psychopathic personality.*

Well qualified for the diagnosis of schizoid personality is a boy of nineteen whom I have treated on several occasions. I would prefer to call his reaction one definitely schizoid in nature, very chronic and relatively static, and lacking most clinical features by which disorders otherwise similar are recognized as constituting "a psychosis." The first point that stands out in this patient is how obviously he differs from all psychopaths. On meeting him one immediately sees he is a lonely person, one recognized as queer by all who see him. In discussing his recent attempt at suicide, he could give no good reason for his act. No evidence of depression was obtained. As if not knowing what else to say, he suggested he must have tried to kill himself "just out of curiosity." He had no positive convictions about a future life or interest in exploring such possibilities. He had been making good grades at college and he had no worries that he could express. His attempt at suicide had been authentic. Only by chance had he been discovered where he hung in a noose made by his belt. No evidence of delusions was ever elicited. A few excerpts from a report given by the college physician, who spent much time with him, are contributory:

> "Oliver was recognized as a bit odd or eccentric since his coming here during the summer weeks of 19—. He worked quite willingly with sustained effort and application. Everyone liked him and although they protested his persistent pipe and untidy personal appearance (being unshaven, lax about clean garments, combed hair, etc.), they were amused and tolerant. He had the reputation of having superior intellectual capacity and that gave him the aura of a potential winner. The students included him in everything and he was a conflicting mixture of pathetic eagerness to be accepted as one of them and to be the lone wolf. He went through the motions of being one of the group but it all had to be within the boundaries of his own withdrawal pattern. Though unresponsive in regard to greetings and small talk, he would talk for hours about himself and his ideas and was eager for such expression. . . .
>
> "Girls interested him less. Actually, though he protested that he had an average interest in the other sex, he had very few dates with them. However, very recently he groomed himself quite adequately and went to Foxbridge to visit a girl whom he used to date during his high school days and who is studying journalism there. . . .
>
> "It was noted and accepted by everyone that Oliver would argue every point, in class and out, but much good-natured teasing caused him to restrain himself somewhat in this respect. However, I have noted in all my contacts with him a persistent negativistic attitude. He prided himself on always taking the opposite point of view and that his philosophy was quite peculiar to himself. He expressed a resentment of everything "expected" of him by way of the simplest courtesies and social amenities of any kind.
>
> "His most distressing behavior was at table, where he went for the business of eating only, with no preliminary attention to others' requirements, waiting for food to be passed, etc. In addition, he slumped over his plate (piled high and followed by more helpings) with a piece of bread in one hand for a pusher and a fork in the other, with a coordinated movement which made the food appear to be entering his mouth by a conveyor. He ate large quantities at great speed, spoke no word, and left the table first. It must be said that although this continued in general, he did modify this after many pro-

tests from various sources. But, like all of his behavior, he insisted that it was as he liked it and according to his philosophy of doing things. He modified his table behavior so that he evidently did not get enough food and, on the basis that he was a student and due whatever he could get, quite deftly helped himself to appreciable amounts from the pantry and storeroom.

"I first thought most of his unusual behavior to be resentment and compensatory. After hearing from him his childhood and school-life story, I tried to think, in spite of the schizophrenic flavor of him, that he was not actually ill. Not until after Christmas did I see him with any regularity. Little by little the picture unfolded as you have seen it for yourself. He made valiant attempts to comply with standards. It was an external gesture sincerely tried but did not express what he felt within. Much sympathy was expressed because he seemed to have inadequate clothing, but a fairly ample supply of clean garments and suits was found in his room after he left.

"Recently, his garments were so smelly because of his enuresis and his tendency to sleep at night in his day garments, that we considered it unfair to expect other students to get on with it indefinitely. From his room, which he kept locked, emanated most unpleasant odors. He did not seem to find it uncomfortable to remain in a wet bed or soiled clothing. His attitude toward disposal of body eliminations was also inadequate.

"Pressure was rising and I realized that he would soon have to be asked to go home or to keep his clothing and room clean, and suspected a break-up or "break-out" at such an ultimatum. Against my usual method and best judgment, I tried to hasten an insight which I hoped might be possible. He quite misunderstood my rather clumsy attempt and I later realized that he thought I was trying to make him feel small about his habit of masturbation. At any rate, I precipitated a crisis which would not have arisen until later and perhaps not in the same form.

"You, of course, know the story of his attempt to hang himself and his superficial reactions and explanation of it. The Dean and I visited Oliver's home that evening. He has lived with his grandparents from the seventh grade on. . . .

"The grandmother was proud to tell us that Oliver's father graduated from high school as valedictorian at fifteen, that Oliver *won the same honor,* and that she expects his younger brother to do the same.

"Just before he left, I learned that last summer he impulsively struck one of the boys for no reason known to anyone. There is no other instance that I know about of this kind of behavior. . . .

"He is sure that there is nothing neurotic about himself and mentioned doctors and nurses other than yourself who have told him that they thought him to be all right. He exhibits an attitude toward his hospitalization quite similar to that toward his attempted suicide. His defense is thick and strong and he reacts with argument or denial to almost anything which is said which seems to imply that all is not quite as it should be with him. He said that you had told him that he would need some help and had better come to see me every few days. He thinks that is not necessary and I think he is right, for I can see no way to approach him even on the outskirts of his problem without stimulating a negative reaction on his part. I noted the same lack of insight as you, and it is so complete as to bar any psychotherapeutic relation. I left the way open for him to come at any time and I will indeed help if I can."

This fragment from Oliver's personal notes also brings out something about his state that is difficult to describe:

LONELINESS

BY

OLIVER -------, JR.

It is now long after the hour of midnight. I am alone, except for my pipe and my ever-active mind, in one of the front rooms.

God has created many horrible things, but the greatest of all those monsters is that intolerable loneliness than man calls Love, Sex, Self-Pity, Comradeship, *und so weiter*. I trust that you, as an individual, shall be able to grasp some vague notion of what I, as a purely abstract thinking-apparatus, am trying to convey to you.

Nothing in a State of Nothingness. Can you imagine a more comforting place? No emotions of fear, love, hate, anger, sympathy, pity. No materiality. No spirituality. No mentality! Nothing!!! The Hell of the Bible! The Heaven of the Bible! Paradise! Purgatory! and the Inferno!—all One!! All nothing!!!

Have you ever really delved deeply into why, for what purpose you were born or why anyone was born? To bear children? Yes, but dogs can do that gracefully. To build? To make money? You must leave all behind when you depart. You are unable to carry it with you.

The epicureans had a good idea when they said, "Eat, drink and be merry, for tomorrow we may die." But why eat, drink, and be merry? Why should one live, or the animals which are so very close below us? There is no God; there is no Heaven; there is no Hell; these are the dreams of baby minds. The Church, the Bible, Science, Spiritualism, and on and on and on can offer not a solitary shred of evidence that there is a God, Heaven, Hell, Devil, Angels. They are but wistful think-

> ers—the Church, the Bible and Spiritualism. They are the idealists. Scientists are the realists, but they study nature. Why build machines? What can it matter to you personally one hundred years from now? You will be nothing. Nothing.
>
> Am I insane? They say I am because I ask, "Why?" and there is no answer to that by anyone. "What?" can be answered. So can "When?" "Where?" "Who?" "How?" et cetera, but not "Why?" Healthy minds do not ask, "Why?" Normal people sleep and love, eat and drink, breathe and excrete, work and, perhaps, think—think, but only a little and only within the bounds of conventionality.
>
> OLIVER.

This boy frequently writes letters to the newspapers commenting on politics, art, religion, history, etc. There is usually a bitterness in his comments and a kind of wit that seems to leaven his isolation. The brittle strangeness of manner, the inadequateness and inappropriateness of his affective reactions can only be appreciated in direct contact. An excerpt follows:

> "It was just a fairly good 'B' picture. There was nothing in it that I had not seen numbers of times before at the cinema. I did not think it dirty. I thought it to be just what it was—a literally cheap movie. Artists only would have banned it. On the other hand, I found the decidedly wicked picture, "The Outlaw," to be the funniest screened attraction I'd ever seen (I saw it on my return trip in Atlanta). It caused more laughs than 'Kiss and Tell.'
>
> "Miss Smith, please find your glasses! My morals are evaporating!
>
> OLIVER ————, JR."

At the end of a letter to his father he signs himself,

> "With a heart of gold (hard and yellow), I close,
> Your oldest son,
> Oliver ————, Jr."

This is a person who, despite his superior intelligence and his awkward gestures at being sociable, is recognized at once as extremely eccentric, if not indeed bizarre, by his classmates as well as by the expert. Evidence of his psychiatric trouble is apparent and no trained observer would confuse him with the psychopath. A history is not necessary to surmise that he has had difficulties and that further difficulties lie ahead. Though his personality is not outwardly fragmented, it immediately gives clues to the fact that here experience is not what others find it. Such a patient sometimes gives the impression that through him one comes in closer touch with what is most specific and inexplicable in schizophrenia, what is blurred or hidden in the chaos of the advanced phychosis. Superficially nothing could be more different from what he presents than the socially smooth psychopath who has an explanation for everything, an easy cordiality for everyone. His bitterly authentic seriousness, his capacity for hurt and suffering also contrast with the psychopath.

Many patients classed as schizoid personality might be more accurately regarded as cases of masked schizophrenia or, as has been sometimes said, "ambulatory" schizophrenia. Though the more gross technical signs of psychosis are not evident on the surface, many of these patients have very serious disorder within. The tendency to call them schizoid personality (and therefore definitely "sane") sometimes results in their being incorrectly treated. Very dangerous tendencies, well concealed, may emerge into tragic acts.

Recently a young woman regarded as seclusive, a bit queer and withdrawn by her acquaintances, called a big-league baseball player to her hotel room on the pretext of grave and urgent business. The business was not what might be expected from such a call by a young woman to a man whom she had never met personally but had seemed to admire, hero-worship, and brood over for a long time in yearning fantasies. According to newspaper accounts, the girl, with no explanation or reason she could explain afterward, shot the ballplayer in a genuine attempt to kill him and one which barely failed to do so.

I cannot offer a diagnosis on this patient whom I have never seen. Her behavior and her personal characteristics as disclosed in the press are, however, entirely typical of patients with masked but real and serious schizoid disorder. These are more accurately indicated by such a term than by "schizoid personality" which often, artificially and unrealistically, ignores the true state of very ill and dangerous persons and classifies them with those presumably deviated in mild degree.

There is little point in devoting space to detailed accounts of paranoid or cyclothymic personalities. In some degree such characteristics can be seen among anyone's acquaintances and to name a quantitative point at which they warrant a diagnosis is not easy. Nor is it possible to lay down specifications that will enable one to delineate confidently where paranoid personality ceases and paranoid state or paranoid psychosis begins. So it is with depressions.

Where the depth of negative affect permissible to a cyclothymic personality ceases and those of "neurotic depression" begin is perhaps even more difficult to define than where, at greater depths, the reaction should be pronounced depressive psychosis. There is about all this much to suggest that traditional concepts have attributed to our terms a good deal more authority than clinical facts uphold.

I find it helpful to consider all schizoid reactions, of whatever degree or course of development, as qualitatively similar, whether or not they are sufficiently disabling to merit such a term as psychosis. So, too, the affective and paranoid reactions seem to fall naturally each into its primary group rather than into other pigeon holes (on the basis of degree) which may give rise to confusion.

For example: One does not hear of schizoid, manic, or paranoid neuroses, though the disorders occur in every degree. The term *neurotic depression* is, however, frequently used for milder depressive illness. It seems unnecessary to create the impression that there is *a* depressive psychoneurosis, to be classed with hysteria, obsessive disorders, etc., and justifiably distinguished (except in degree) from other depressive reactions. Our terms *psychosis* and *psychoneurosis* contain many implications, degree of disability (sanity verus legal insanity), etiology, prognosis, etc., and these implications seem to differ with the viewpoints of various psychiatrists. At present it seems that clarity is best served by thinking and speaking of relatively mild depressive illness (without definite delusions) simply as mild (or moderate) affective disorder rather than as manic-depressive psychosis without psychosis or as another psychoneurosis manifested in depression.

So far as the psychopath's disorder is concerned, it is, as we have said, in kind (or quality) unlike the milder schizoid, paranoid, and affective reactions. Its clinical expressions bear little if any more essential resemblance to these than to the severe psychoses similarly differentiated. It is also different in type from these, whether they be static, transient, or progressive.

It is not only clearly distinguishable from these other disorders, but, like all of them, it, too, is seen in the widest variations of degree, in manifestations ranging from isolated character traits in a successful person or brief episodes of delinquency in adolescence to disability far greater than that shown by many of the psychotic committed to institutions.

Chapter 30

THE PSYCHONEUROTIC

(References 28, 60, 62)

PEOPLE suffering from personality disorders which cause them to be anxious, restless, unhappy, obsessed with thoughts they themselves recognize as absurd, but who are, in the lay sense, altogether sane, have for years been classed as psychoneurotic. They recognize reason in general, often admit that their symptoms arise from emotional conflicts, and are free from delusions and hallucinations.

Sometimes their complaints are chiefly physical, of fatigue, of numbness, of indigestion, even of paralysis. Often they will not admit that this numbness or indigestion or paralysis could possibly be related to emotional difficulty and indeed they themselves may be unaware of conflict. They are often resistant to reasoning but more in the sense of a person with strong prejudices than of one with delusions or with intellectual dilapidation. Sometimes they feel strong compulsions to carry out acts which they dread and which would indeed be tragic or criminal, but they recognize the nature of these acts and do not carry them out. Other acts, apparently senseless but relatively harmless, they do carry out, recognizing the absurdity of feeling that they must do so but becoming anxious if they resist the impulse.

In general, psychoneurotic people recognize objective reality and try to adapt themselves like most others to the ways of society. In general it may be said that patients with traditional psychoneurosis are not characterized by antisocial activity or by striking inability to pursue ordinary goals. Their symptoms handicap them often, but in a way we readily understand. Anxiety, for instance, can make special difficulties for a salesman or obsessive manifestations can handicap a banker, a scholar, or a housewife. These patients as a group are sharply characterized by anxiety and by the various symptomatic schemes that apparently arise from the anxiety and that look as if they were measures employed in reaction to the anxiety.

It is true that many patients with conversion symptoms do not show what is ordinarily conveyed by the word *anxiety* or by *tension, fear, distress,* and similar terms. There are good reasons to believe that in such instances the paralysis (or the blindness) may be a substitute for conscious anxiety and probably a defense against it, a means of preventing it or controlling it. The rather remarkable calmness shown by such patients has often been pointed out. There is, nevertheless, considerable evidence that indicates the presence of what has been called "unconscious anxiety" or what might be thought of as something, embryonic, underlying, or incipient, that would be anxiety if not converted into the physical manifestation.

Certainly it may be said about psychoneurosis, as the term is officially used and most widely accepted, that patients with this kind of disorder find their symptoms unpleasant, consciously suffer from them, and complain.

On the contrary, those called psychopaths are very sharply characterized by the lack of anxiety (remorse, uneasy anticipation, apprehensive scrupulousness, the sense of being under stress or strain) and, less than the average person, show what is widely regarded as basic in the neurotic. It is very true that Alexander[4] and others[62, 143] who use his terminology and accept his interpretations refer to behavior disorders as character neuroses. Karpman[117] feels that most (but not all) patients who are classed as psychopaths should be grouped with the neurotic or the psychotic. So far as its implication of causal factors is concerned, the term neurotic has undeniably valuable applications; but its tendency otherwise to identify the psychopath with hysteria, anxiety reactions, or ordinary obsessive-compulsive disorders is likely to cause confusion and make for practical difficulties.

If the psychopath (or most of those so diagnosed) really has a neurosis, it is a neurosis that is manifested in a fundamentally different life-pattern from classic neurosis, manifested, one might say, in a pattern that is not only different but opposite. Alexander and others have made this quite clear and the interpretation of the psychopath's behavior as symptomatic "acting out" against his surroundings, in contrast with the development of anxiety or headache or obsession is, it seems to me, a plausible and contributory formulation. It is of obvious importance to respect this polar difference between how the psychopath is going to behave socially and what can be expected of patients with somatization, conversion, etc. Because of its other implications (medical and legal) of social responsibility, of seeking relief from symptoms, of being safely trusted to handle his own affairs, etc., I believe there is much to be said against simply classifying psychopaths as psychoneurotics.

There are disorders in which the two diverse types of reaction (developing subjectively unpleasant symptoms versus callously carrying out socially destructive acts) seem to exist in the same symptom. The so-called pyromaniac (and kleptomaniac) often seems motivated by forces similar to the classic obsessive-compulsive patient who corrects the alignment of objects on the bureau forty times a day and who is painfully and overscrupulously preoccupied with fears that he may harm his child. The latter detests the acts he carries out as a sort of ritual to mitigate his subjective distress and is by no means likely to harm the child. He is, in fact, horrified by these thoughts (fears) and is nearly always conscientious to an excessive degree.

On the other hand, as Fenichel has clearly pointed out, the patient abnormally impelled to commit arson or theft (or sex murder) is not committing an act in which scrupulous feelings play a direct or major role and (despite probable ambivalence) gains excitement and consciously satisfies strong drives. The distinction emphasized by Fenichel between ego-syntonic and ego-alien motivations (compulsive acts of caution versus "compulsive" antisocial acts) is a fundamental point and brings out a distinction not merely of degree but of quality. Behavior that Fenichel classifies as impulse neurosis seems to lie in an area where the unlike (and, as a rule, mutually exclusive) mechanisms of the psychopath and the classic obsessive-compulsive patient both play a part together, the two customary opposites approaching and perhaps merging, paradoxically, in the antisocial act.[184]

This particular mingling of influences (or merging of pictures) ordinarily quite different (and mutually exclusive) is not unique in psychiatry. Is there any one who has not seen patients manifesting genuine manic and genuine catatonic features? Has any psychiatrist failed to note obsessive reactions that are colored with genuine delusion?

Despite any confusions that arise in arguments about psychopathology (dynamic or descriptive) in regard to the psychopath, all, I believe, will agree that his clinical manifestations are easily distinguished from the syndromes now classified as psychoneurosis. It is doubtful if in the whole of medicine any other two reactions stand out in clearer contrast.

The true psychopaths personally observed have usually been free, or as free as the general run of humanity, from real symptoms of psychoneurosis. The psychoneurotic patient, furthermore, is usually anxious to get over his symptoms, while the psychopath does not show sincere evidence of regretting his conduct or of intending to change it.

Caldwell[27] has effectively set down outstanding differences between these two clinical pictures in a brief tabulation. Our point can be clarified by quoting it:

	FEELING	THINKING	ACTING
1. Ego-enhancement (psychopathic)	Hedonistic Callous Emotionally immature	Irresponsible Rationalistic	Antisocial Impulsive Defiant Explosive
2. Ego-depreciation (neurotic)	Apprehensive Anxious Fearful Depressed Helpless Inferior Jealous	Stereotyped in fantasies Preoccupied with moral and religious ideas Obsessive	Antisocial Asocial Shy, sensitive Hesistant Indecisive Suggestible Overly protective Sexually conditioned Timorous Passive

Some observers feel that the presence of what has long been known as psychoneurosis is sufficient reason for questioning the diagnosis of psychopathic personality. In the study just referred to Caldwell reports neurotic manifestations in patients whose chief features were plainly those of the psychopath. I feel that the two types of reaction are not characteristically seen together but that there are no two pathologic syndromes in psychiatry, however distinct, that do not sometimes overlap.

If one in using "neurosis" to signify a disorder in which emotional factors have etiological significance, there is good argument in behalf of applying such a term to the psychopath. There is equally good argument that schizophrenia and paranoia should be called neuroses. Few, however, would advocate that these two disorders be called neuroses if this will be taken to signify a condition that automatically implies full legal competency.

Chapter 31

THE MENTAL DEFECTIVE

(References 96, 172, 211)

THE mental defective often behaves foolishly or ineffectively and, if the defectiveness is great, may show prolonged and serious maladjustment in ordinary surroundings. In contrast with the psychopath, however, the mental defective is obviously stupid and his follies may be understood readily as depending on his lack of intelligence, a handicap that is easily demonstrated. This can be measured with some accuracy in psychometric examinations. Many low-grade defectives show developmental deficiencies or other organic changes in their actual brain structure. The psychopath, on the other hand, is often, if not usually, of superior intelligence when measured scientifically. Some of his accomplishments also indicate that he has ability that is average or better when he is using it. He often gives the impression in conversation of excellent intellect and is plainly a very different person from the mental defective. Though in England the psychopathic personality is still sometimes referred to by the expressive term, *moral imbecile,* the distinction from intellectual imbecility has always been clearly recognized.[87]

Serious defects in ordinary intelligence naturally handicap a subject, naturally make it difficult for him to learn complicated relations between cause and effect, and limit his critical ability in choosing wisely among the many courses of conduct offered every day. The defective is likely to be susceptible to false counsel, prone to overlook the more remote and subtle consequences that may follow the gratification of a petty impulse. Unlike the psychopath, mental defectives show limitations of judgment in theoretical situations. They are often unable to express adequate comprehension of mistakes they have made or wrongs they have done. They seldom outline, even verbally, ingenious plans for the future or discuss their total situation in such a way as to give a convincing impression of wisdom and reliability or of deep contrition, purpose, and understanding, unless such qualities are actually present. The badly handicapped mental defective may repeat time after time acts which result in loss or harm to others and to himself. His limitation in reasoning about facts that play a part in such consequences usually offers us a satisfactory explanation of his disability.

This disability is considered by courts before which the defective may be tried for misdemeanors or felonies and which may be called upon in efforts to hospitalize him or in other ways to safeguard and help him. It is not only admitted that intellectual defect diminishes judgment and legal responsibility, but varying degrees of defect are recognized and, for practical purposes, accepted as implying degrees of competency.

If a high-grade moron commits murder, his relatively slight defect will be regarded as slight by the jury. The idiot or the imbecile will, however, be properly considered as one with a disability that may have played a major part in such an act. So, too, there is no difficulty in having the idiot committed (if necessary, against his own will and judgment) to a medical institution where he can be protected and cared for. No jury however, not even a jury of morons, would deprive of his legal freedom a man showing no more defect than what is customary with an I.Q. of 70.

It is important for us to note that particularly in the question of commitment for a mental defective, varying degrees of disability are recognized and are regarded as affecting competency in varying degrees. In determining the presence of disability and its degree, the record of the defective's actual behavior is not ignored. Psychometric tests furnish evidence which helps us to classify patients properly as idiots, imbeciles, or morons, and this evidence contributes to medicolegal decisions concerning competency. The need for institutionalization in a defective is, however, demonstrated more effectively by his acts than by his I.Q. In contrast, we find that no matter how much evidence of incompetency emerges in the psychopath's record, this classification alone is (officially) regarded as establishing complete sanity, absolute competency.

Chapter 32

THE ORDINARY CRIMINAL

(References 7, 20, 72, 118, 129, 133, 207)

WHILE good reasons have been brought forward for interpreting criminalism as a form of mental disorder and many criminal careers can be explained from the viewpoint of dynamic psychopathology as reactions to emotional conflict,[4,7] the sort of person described here shows the following important points of distinction from the typical criminal:

1. The criminal usually works consistently and with what abilities are at his command toward obtaining his own ends. He sometimes succeeds in amassing a large fortune and may manage successfully and to his own profit a racket as complicated as a big business. The psychopath very seldom takes much advantage of what he gains and almost never works consistently in crime or in anything else to achieve a permanent position of power or wealth or security.

As Mercier has said, "There are persons who indulge in vice with such persistence, at a cost of punishment so heavy, so certain, and so prompt, who incur their punishment for the sake of pleasure so trifling and so transient, that they are by common consent considered insane although they exhibit no other indication of insanity."[87]

The man who is essentially criminal may then he said to be purposive while the psychopath seems hardly purposive at all in comparison. To say the least, the pattern of his actions over any fairly long range of time indicates little that the observer can understand as what a human being would consciously choose. The patient himself sometimes convincingly denies any particular temptation driving him toward the situations to which his behavior repeatedly leads.

2. The criminal's ends, though perhaps condemned, can usually be understood by the average man. The impulse to take money, even unlawfully, so that one may have luxuries or power otherwise unobtainable, is not hard to grasp. The criminal, in short, is usually trying to get something we all want, though he uses methods we shun. On the other hand, the psychopath, if he steals or defrauds,

seems to do so for a much more obscure purpose. He will repeatedly jeopardize and even deliberately throw away so much in order to seek what is very trivial (by his own evaluation) and very ephemeral. He does not utilize his gains as the criminal does. Often his antisocial acts are quite incomprehensible and are not done for any material gain at all.[33]

3. The criminal usually spares himself as much as possible and harms others. The psychopath, while he incidentally causes sorrow and trouble for others, usually puts himself more than anyone else in a position that would be shameful and most uncomfortable for the ordinary man or for the typical criminal. In fact, his most serious damage to others is often largely through their concern for him and their efforts to help him.

4. The psychopath, as I have seen him, usually does not commit murder or other offenses that demand major prison sentences. This is true of the disorder as we present it in what we consider a pure culture. A large part of his antisocial activity might even be thought of as purposively designed to harm himself if one notices the painful results that so quickly overtake him. Of course I am aware of the fact that persons showing the characteristics of those here described do commit major crimes and crimes of maximal violence. There are so many, however, who do not, that such tendencies should be regarded as the exception rather than as the rule, or better still, as a pathologic trait independent, to a considerable degree, of the other manifestations which we regard as fundamental. It is, of course, granted that when serious criminal tendencies do emerge in the psychopath, they gain ready expression, and that no punishment can discourage them. Psychopaths who commit physically brutal acts upon others often seem to ignore the consequences. Unlike the ordinary shrewd criminal, they carry out an antisocial act and even repeat it many times, although it may be plainly apparent that they will be discovered and that they must suffer the consequences.

Many people, perhaps most, who commit violent and serious crimes fail to show the chief characteristics which so consistently appear in the cases we have considered. Many, in fact, show features that make it very difficult to identify them with this group. The term psychopathic personality as it is applied by various psychiatrists and hospital staffs sometimes becomes so broad that it might be applied to almost any criminal. Granting the essential vagueness of the term, and disputing no one's right to it, I (who am using it only for convenience) maintain that the large group of maladjusted personalities which I have personally studied and to whom this diagnosis has been consistently applied differs distinctly from ordinary criminals. The essential reactive pattern appears to be in many important respects unlike the ordinary criminal's simpler and better organized revolt against society, and something far more subtly pathologic. It is my personal opinion that when the typical psychopath, in the sense with which this term is here used, occasionally commits a deed of violence, it is usually a casual act done not from tremendous passion or as a result of plans persistently followed with earnest compelling fervor. There is less to indicate excessively violent rage than a relatively weak emotion breaking through even weaker restraints. The psychopath is not volcanically explosive, at the mercy of irresistible drives and overwhelming rage or temper. Often he seems scarcely wholehearted, even in wrath or "wickedness."

A few brief examples may illustrate important distinctions:

A bright and attractive young man who for some years now has shown typical features of the psychopath obtained a new job. As so often in the past, he began almost at once to succeed and to excell his fellow salesmen. Soon he was regarded by the company as the best man in his line, full of promise for much greater tasks and opportunities in the near future. He regularly earned a good deal more than any of the other salesmen, had an ample income for his family, and seemed on the sure road to high success.

His sales records, already surpassing all competitors, soon began to increase still more, finally becoming almost unbelievable. A short time later it became evident that something was wrong. His apparent straightforwardness and his confident explanations kept the company confused for a while longer. His ingenious methods delayed discovery that, in dealing with a less brilliant and resourceful man, would have been made much earlier.

It was eventually established that he had been selling the commodities with which he dealt at prices below cost. Thus he had sold widely and on a vast scale, and his commissions had increased proportionately. By intricate and exceedingly well-planned tactics, both in the field and at the central office, he had covered up all discrepancies until the company had to sustain a heavy loss in setting matters right.

To a man far less clever and scheming than this one, the virtually inevitable discovery and the consequent personal loss to himself would be easily discernible. The factual aspects were not simply overlooked in his reasoning, but something about them failed, however, to enter into his reactions, something that would not have failed to make the ordinary criminal (or the average man) behave otherwise.

Such incidents abound in the histories of these patients. They do not seem to be seeking punishment or a retribution to allay feelings of guilt. If by profound exploratory techniques such guilt can be elicited in the typical psychopath, I believe it will be found far indeed beneath the level of many things unknown to other patients but which can be discovered in their attitudes and motivations.

A few more brief episodes deserve attention:

A boy in his teens comes into the office. He has been there a number of times before and realizes that much of his story is known to the physician. On being asked how he has spent his time, he replies in the most natural manner that he has been reading Dickens.

As the subject is developed he says that he has devoted most of his leisure time during the summer months to this literary recreation. He has found it interesting as well as useful and stimulating. After a good deal more discussion, in which he gives not the slightest sign of pretense or of uneasiness, he says that he has about completed all the novels Dickens wrote.

It is very easy to demonstrate by specific questions that he never read one volume, that he only recalls two or three titles and has no first-hand acquaintance with any of the material. On being confronted with his idle and unnecessary fabrication he casually admits it but seems to feel no need to account for such a falsehood. He showed no indications of even slight shame or of particular chagrin at being detected.

A man almost thirty whose wife has seriously threatened to divorce him many times in the past but who has been brought back by his eloquent and extremely convincing expressions of rare, romantic love, of devotion beyond the experience of most couples, is now succeeding in his work and apparently has given up all the old habits which made life with him unbearable.

His duties take him out of town for a number of days each week. It eventually becomes apparent that he has married a girl in one of the cities to which his business takes him. Great difficulties arise and violent feelings in the girl's family are demonstrated. He had represented himself to her as divorced long ago from a shrew who mistreated him, made off with his property, and who left him heart hungry for real love. He spoke so casually and convincingly of many things nonexistent that one might say the new bride knew his entire life in every detail except one—that nothing he had told her was factual!

Before this bigamy and its serious complications can be settled, evidence emerges that he has also married another young lady in still another city where he spent time each week. Unbelievable as it may appear, a third bride, also legally married, soon comes into the picture. All three of these had been wooed with what seemed touching sincerity and wed within the course of a single month. None of these four women found him a man of intense sexual passion or judged him as one who might seek so many wives because of more than ordinary erotic needs. An intentional "despoiler of women" of the familiar type (often with masked homosexuality) would probably have seduced the wives of others but scarcely would have let himself be caught with four ladies legally married to him at one time.

A boy expelled from prep school for many antisocial and delinquent acts is talking with his father. Where, the father asks, are the clothes which were taken to school but are not now to be found in his baggage? The son, with no hesitation but with indications of regret and apology, explains that his baggage fell off the bus while crossing a bridge. Efforts to regain the baggage were successful, despite the current, etc., but the suitcases had come open from the fall and all the clothes were lost.

The father has already received information from the school explaining that his son sold the rather valuable clothing from time to time, and often for ridiculously inadequate sums. He had no particular visible need for the money he got. Sometimes this was squandered on treating a crowd of fellow students to soft drinks, candy bars, etc. He did not, however, seem either especially generous or eager to establish himself in the good graces of the others.

Chapter 33

OTHER CHARACTER AND BEHAVIOR DISORDERS, INCLUDING DELINQUENCY, ETC.

(References 7, 20, 33, 62, 133)

THOSE who repeatedly commit antisocial acts or continue to carry out behavior in other ways unacceptable to the group and incompatible with good standing among one's fellows are often referred to as delinquents. Truly felonious deeds are not regarded as characteristic of delinquency so much as repetitiveness in misdemeanor or impropriety. In contrast with the orthodox criminal and to some degree like the psychopath, the delinquent often shows lack of sufficient conscious motivation to account for his conduct. Though delinquency is not a diagnostic term, it has value in that it indicates character and behavior disorders lying between the criminal and psychopathic extremes. Transient episodes of poorly-adapted behavior, particularly in the juvenile, are included. Many of the things which the psychopath does are typical of the delinquent but seem to constitute only a part of his life expression, perhaps a relatively small part. Motivation also can often be discovered in the delinquent. Such motivation is usually imperfectly understood by the patient and usually arises indirectly from circumstances, within and without, which he fails to recognize or to evaluate properly.

Ordinary delinquency might be thought of as a relatively mild disorder with fair prognosis similar in its outer clinical manifestations to the malignant and sweeping disorder found in the full-blown psychopath. As a pathologic reaction, as a kind of maladaption, there are important resemblances and correlations. Hysterical dissociation and the sort of personality dissociation or disintegration found in schizophrenia have something in common as well as important differences.

In one, the distintegrative process is more superficial and self-limited, often of brief duration; in the other, this process may continue until the entire ego is fragmented, the personality no longer recognizable, and the organism incapable of functioning even at the lower levels accepted as characteristic of a human being. In repetitive delinquent behavior the subject often seems to be going a certain distance along the course that a full psychopath follows to the end. In the less severe disorder antisocial or self-defeating activities are frequently more circumscribed and may stand out against a larger background of successful adaptation. The border lines between chronic delinquency and what we have called the psychopath merge in this area. Though anxiety, remorse, shame, and other consciously painful subjective responses to undesirable consequences are deficient in both as compared with the normal, this callousness or apathy is far deeper in the psychopath.

It is worth-while to emphasize that many who, as they mature, become well-adjusted people and happy and distinguished citizens, can look back to incidents of unprovoked misconduct which, if habitual, might constitute delinquency. If such isolated fragments not only persisted but took precedence in the entire life scheme, became, in fact, the major expression of the personality, behavior would emerge having much in common with the case histories we have given.

Many stable and productive adults are known by me (and others, no doubt, by the reader) who can be clearly identified earlier in life as members of destructive gangs which, on Hallowe'en or on other special occasions, carried out raids in the residential section, hurling brick-bats about, smashing windows, removing wrought-iron gates, puncturing automobile tires, and shooting about rather wildly with air guns or small-caliber rifles. Some remembered as special leaders in these activities, as well as in half-serious plans to derail trains or wreck trolley cars by thoroughly oiling the hillside tracks, are now properly respected bankers, Rotarians, physicians, deacons, professors, attorneys, and scout masters.

A happy husband and father who is also an outstanding civic leader recalls with some retroactive bewilderment his membership in a select club at college in which the chief topic at meetings consisted of obscenely boastful accounts of recent enterprises in miscegenation. In this particular setting, that of an isolated rural community in the South, such relations in themselves implied a maximum of scatalogic contempt for the partner, a peculiarly derogatory aim in the act, that even the language customarily used in such reminiscences could not adequately convey.

Another conventional and well-adjusted adult recalls an incident after a beer party following the last football game of the season when a fair proportion of the celebrants went out together to a pasture and there pursued and constrained a number of cows until some of the young men succeeded in achieving sexual relations with the patient but reluctant animals.

A kindly and eminently responsible medical colleague reports numerous episodes from his adolescent days in a farming community. Among many other fumbling and confused ventures in the masculine approach, he remembers finding amusement and delight in joining with other boys to make the rounds of outlying primitive toilets where young ladies, like all other local people, in response to natural demands, exposed to those strategically placed the most secret regions of the body through familiar apertures. Those who lay in wait now made stealthy use of bamboo switches or small branches to titillate or even to probe the relatively immobilized and vulnerable ladies at this vividly inopportune moment. Strange girls visiting in the community gave special impetus to these hilarious improprieties.

Numerous instances come to mind of young girls who, after episodes of damaging promiscuity not accounted for by erotic passion, achieve a better evaluation of such acts and, as they mature, integrate their impulses in such a way as to find security, personal fulfillment, and adequate sexual response in stable and faithful marriages. A transient episode in a woman thirty-odd years of age is also pertinent to the discussion.

Despite very unhappy marital relations she had scrupulously refrained from indulging in any sexual activity except with her husband until shortly after their divorce. Then, for reasons she could not explain, she found herself susceptible to almost any overture, and, in fact, made it all too plain that she was cheaply available. There occurred a series of unrewarding sexual relations with strangers who casually picked her up, with some salesman who happened to appear at the door, with acquaintances of long standing (some of whom she considered distinctly unattractive). After some months of this behavior she reoriented herself and has since then been leading her customary conventional life.

Temporary periods of distinctly delinquent behavior are apparently not uncommon even in careers on the whole successful and constructive. More protracted or habitual reactions of this sort result in disordered patterns that approach in various degrees the pattern of the psychopath.

During childhood and adolescence confused manifestations of revolt or self-expression are, as everyone knows, more likely to produce unacceptable behavior than in adulthood. Sometimes persistent traits and tendencies of this sort and inadequate emotional responses indicate the picture of the psychopath early in his career. Sometimes, however, the child or the adolescent will for a while behave in a way that one feels is scarcely possible to anyone but the true psychopath and later change, becoming a normal and useful member of society. Such cases put a serious responsibility on the psychiatrist.

A patient I once saw affords an excellent example. A fifteen-year-old high school boy, the son of respectable and God-fearing parents, attacked with considerable violence and apparently tried to rape a nine-year-old girl. When interviewed he showed indifference, and this despite the fact that the girl's father had threatened him with death and tried to seize him. He denied actual rape and spoke calmly of the whole affair as if it were a minor matter, such as, for instance, breaking a neighbor's window. He later tried to excuse himself by inventing a palpably absurd story about being drugged with marihuana given him in the form of cigarettes by a Mephistophelean stranger. This boy's parents are severely pious and strait-laced. Much of his teaching had apparently implied that a minor oath or any preoccupation with thoughts of sex should be regarded as soul-devouring. He seemed indeed much like a psychopath, but might his conduct not have been the result of an ordinary adolescent drive emerging in a mind relatively without restraining principles partly because of the very fact that absurd trifles had been so magnified by his teaching that he saw all prohibited things at a level of importance, and had dismissed all as absurd because so many indeed were? In such a case I feel that the child should be given benefit of the doubt until evidence of a persistent pattern is thoroughly established.

A sixteen-year-old boy was sent to jail for stealing a valuable watch. Though apparently gay and untouched by his situation, after a few questions were asked he began to seem more like a child who feels the unpleasantness of his position. He confessed that he had worried much about masturbation, saying he had been threatened and punished severely for it and told that it would cause him to become "insane."

He also said no one liked him, that he talked and yelled too much, and that no one would play with him. While speaking of this he seemed to echo a real worry, to re-enact a former attitude to a perplexity and trouble that he once felt. At the moment this boy seemed accessible and it was felt his problem might be understood, as many of the behavior problems of children and adolescents can be understood. In the next moment, however, hope faded, and it became apparent that the boy was not now taking seriously what he might once have taken seriously. I could not reach a level of any inward reality. There remained only the mimicry of feeling that had vanished. One cannot, of course, state positively that there was no genuine feeling. One cannot know that a schizophrenic who fails to turn his head when told of a tragedy fails to suffer. We often feel with strong conviction, however, that the schizophrenic does not appreciate such events in the ordinary sense and as people who are not schizophrenic appreciate them. With similar conviction I believe that this boy was no longer aware of conflict or suffering or humiliation either about masturbation, about his present status in jail, or about the almost unbelievable series of absurd, shameful, and fruitless acts that had occupied him for years. He was entirely rational in the ordinary sense and of average intellectual capacity.

He admitted having broken into his mother's jewelry box and stolen a watch valued at $150.00. He calmly related that he exchanged the watch for 15 cents' worth of ice cream and seemed entirely satisfied with what he had done. He readily admitted that his act was wrong, used the proper words to express his intention to cause no further trouble, and, when asked, said that he would like very much to get out of jail.

He stated that he loved his mother devotedly. "I just kiss her and kiss her ten or twelve times when she comes to see me!" he exclaimed with shallow zeal. These manifestations of affection were so artificial, and, one would even say, unconsciously artificial, that few laymen would be convinced that any feeling, in the ordinary sense, lay in them. Nor was his mother convinced.

A few weeks before this boy was sent to jail he displayed to his mother some rifle cartridges. When asked what he wanted with them he explained that they would fit the rifle in a nearby closet. "I've tried them," he announced. And in a lively tone added, "Why, I could put them in the gun and shoot you. You would fall right over!" He laughed and his eyes shone with a small but real impulse.

One might say this was merely childish jest. A normal child might, of course, say such a thing; and in a normal child it would be merely a jest. I believe that this boy also spoke in jest, but I fear that he might carry out the jest, not with bitterness or hate in the ordinary sense but merely because the fancy struck him and because the death of his mother would mean so little to him that it cannot be counted in the ordinary terms of human emotion.

This boy's history showed, over a period of several years, dozens of episodes similar to the present. His misdeeds were apparently without purpose. He gained nothing, took little or no precaution against detection, and seemed to be unmoved by punishment. He is mentioned here because there are indications that a few years earlier he perhaps did feel shame and insecurity and might have been amenable to teaching. It was difficult to say whether his behavior disorder would tend to improve or be substantially modified by ordinary treatment or whether this was an early stage of the psychopath's career.[33]

Chapter 34

A CASE SHOWING CIRCUMSCRIBED BEHAVIOR DISORDER

WHEN behavior disorder is circumscribed, in a child or in an adult, one sometimes feels that symptomatically the patient resembles a psychopath but that a different sort of personality lies behind the manifestation. Instead of essential indifference to the pathologic situation, we sometimes see genuine zeal to avoid the faulty and self-damaging acts. It is not rare to find relatively normal attitudes to most aspects of life, and sometimes healthy and admirable personality features.

In such patients it is more often possible to bring out valid responses, to learn about experiences and relations that have been influential over years and that may have played an important part in causing the poorly adapted behavior. Here by ordinary methods, one can sometimes find strong indications that an inner and poorly understood emotional confusion and conflict are being acted out for definite purposes.

A brief discussion of one such case may be germane:

This young woman in her middle twenties voluntarily sought help from an internist widely known for his interest in personality problems; he referred her for psychiatric treatment. Her spontaneous complaint was of sexual promiscuity which she feared would damage her socially. She expressed the opinion that, aside from what these doings might cause others to think of her, she herself deemed them wrong and highly undesirable.

A virgin until approximately two years earlier, she had since that time had full sexual relations with over twenty different men. She denied any personal attachment or romantic attitudes toward these partners, to whom she had yielded casually, promptly, and apparently without conflict or indecision. She had obtained pleasant reactions from the physical contact and after the first few ventures began to respond regularly with genital orgasm. She had never entertained illusions to the effect that any of this considerable group of men were enamored of her and said she had no desire to bring out such feelings in them. Her appearance was distinctly attractive and her figure particularly well endowed with anatomical features likely to arouse and enhance erotic interest.

An articulate and apparently a candid girl, she showed little reluctance to discuss either her sexual adventures or any other material. In most respects she showed evidence of better than ordinary maturity and a considerable sophistication without affectedness. Her general intelligence was even better than might have been expected from her good record at college and subsequent success in her work.

In journalism she had made rapid progress as a writer of advertisements and of feature articles on the daily paper in one of the largest cities in her state. She did not, as many newspaperwomen do, write for the society columns or deal chiefly with material considered of special interest to women. She often discussed politics, scientific developments, and economic problems. Nothing in her appearance or manner, however, suggested masculine characteristics, tastes, or attitudes. She dressed in such a way as to make the most of her looks, and had interests and hobbies predominantly feminine.

Though the excitement of physical relations seemed to have been genuine, and full vaginal orgasm occurred and left her without the feeling that anything might be lacking, the experiences reported impressed the examiner, in some important respects, as relatively shallow. She gave as her reason or motive for doing what she regarded as wrong (and as unwise) a mounting sense of tension and a specific desire that she found too strong to resist. It seemed likely that she was really influenced by natural feelings of this sort but not to any unusual degree.

As a matter of fact, it was more the matter of relieving a rather moderate need than of being driven by intense passions or allured by breathtaking or exquisite possibilities of fulfillment.

Though she had made her charms fully available to so many men, she usually permitted only a single encounter of this sort. Shortly after the beginning of her promiscuity she had continued with one partner through three dates at intervals of several days, and a few months later she equaled this record with another man. Several other times she had repeated her adventure with the same partner through two sessions.

The rule for many months had, however, been one night with almost anybody but two with none. Considering her physical attributes and personal attractiveness, it is not surprising that those who had been so generously treated, often on the first date, wished to continue. She felt not only an aversion for this but also for seeing or having anything further to do with the partner. She realized that after such full and prompt compliance or cooperation at the beginning it would be difficult indeed to keep matters more or less platonic thereafter.

She was cognizant of the old analogy between getting the first olive out of a bottle and getting the first kiss, and of its even greater applicability to what she had offered without even initial delay or any impediment whatsoever.

This did not, however, appear to be the chief factor in her breaking off relations. There was a primary loss of interest in the partner. No evidence emerged of an appreciable sense of shame on her part or of uneasiness about meeting unflattering attitudes and appraisals that might develop toward a girl who lets herself be taken so readily.

Nor did she worry about perhaps drawing out strong feelings in the partner, about his developing a binding attachment that might cause him distress. She was not, so far as she was aware, designing her conduct so as to enjoy the frustration or disappointment of all these men by cutting them off so abruptly from a quite lively pleasure they had reason to hope would remain available.

Completion of the sexual act was not followed by remorse or self-recrimination. Relieved and pleased, she had no wish for any sort of personal closeness or intimacy with her companion but, on the other hand, she did not feel strong revulsion. She had not sought personal intimacy in the beginning and nothing happened, despite rather delightful somatic sensations, that gave incentives in this direction. After satisfaction occurred she did not react with negative feelings toward sexuality or promiscuity as she might had there been strong conscious conflict between an intensely passionate yearning and the ordinary resistances to such conduct under such conditions. She evaluated her behavior as wrong, dangerous, and puzzling, but this evaluation was steady. Her attitude did not lead to a fierce struggle against the impulses toward such behavior, succumb temporarily to overpowering passions, and then arise to invoke shame and bitter regret.

She did not feel impelled by any special need for variety in changing her partners so promptly and in embracing so many, nor did she have the mistaken idea, so commonly encountered in problems of female promiscuity, that she was proving her charms and sex appeal by the fact that so many men had relations with her. She had been popular with men for a long time before her present habits began, and realized better than most women that almost any female, even one of distinctly mediocre attractions, would not have trouble in getting seduced by practically any number of males alert for opportunities of free entertainment of this sort.

Though sometimes succumbing with almost unparalleled rapidity as soon as her date began his advances, she often pretended to be reluctant and made him go through a good many overtures, both verbally and with caresses, before cooperating.

She could not, however, recall having even once, since over a year previously, failed in full cooperation on the man's initial attempt. Though not unresponsive sensually to kisses and caresses, it was not the heightening or prolongation of ecstatic pleasure that prompted her to hold out for a while and allow these preliminaries to run their course.

She expressed, in fact, a preference for "going on, getting to it, and getting it over with." She distinctly enjoyed observing with skepticism a man's efforts to pretend he might be taking her seriously, his tactics in going through rituals of deception so common and sometimes rather elaborate, which the predatory male uses to get his way with the ladies. She was not conscious, during early discussion of these matters, of any real hate or contempt but admitted it made her feel that by seeing through these hypocritical ruses and pseudoemotional maneuvers she was getting the better of the man in their encounter.

It had not occurred to her that this would be regarded by most as an almost fantastically inaccurate way of scoring in such a contest, since the adversary never failed to gain all his ends. She admitted awareness that men would be inclined to take her lightly, to say the least, on finding that she could be so casually induced to fornicate, and by so many. She seemed to regret this and to show some concern about it, but hardly to do so in ordinary or adequate degree.

She admitted that the feeling of satisfaction and superiority she attained through her prompt recognition of the date's concealed intentions and through inwardly mocking him in the steps he took to work the situation toward seduction while pretending otherwise, was distinctly pleasant to her and that she valued it highly.

The more this was discussed, the larger part she estimated it to have played in her motivations. She did not recognize any deeply derogatory attitude in this but found in it something more like the thrill of a game where one enjoys outwitting and defeating, according to fair rules of the contest, an opponent who is not disliked or despised because of this. She did not feel tempted to show that she saw through the date's pretenses by her manner and attitude, by so telling him, or by making him fail to achieve his obvious aims with her.

As about other matters, she entered frankly into the discussion of relations she had previously maintained with an older woman. The patient voluntarily brought up this subject and did not seem to have had any intention to evade it.

Shortly after moving to the city where she now worked, she had met this woman, who immediately showed warm cordiality and treated her with attention that suggested both affection and admiration. This new friend, though almost fifteen years older than the patient, was youthful in appearance and in spirit, attractive to men, and extremely intelligent. She and her husband also were on the faculty of a local college. This woman, whose knowledge of literature, music, and of many other matters was considerable, seemed to the patient distinctly the most delightful and understanding person encountered in all her life.

A tremendous new interest was aroused in our patient, who found in fiction, poetry, psychological books, etc., and in almost all the activities of life, meaning and delight she never before discovered or deemed possible.

She felt uniquely understood and really cared for in a way that made everything she had regarded in the past as understanding and love seem perfunctory and trivial. For the first time she felt very close to someone and was thus able, for the first time, to realize that this had heretofore been missing.

The patient had been popular with both girls and boys and had never considered herself as lonely or isolated. Her friendship with other girls had, she now discovered, been relatively superficial. She realized more clearly also how little her popularity with boys had led to any personal intimacy or valuable shared understanding. She learned far more in a short time from this new friend than she had during all the years at college, and what she learned filled life with interest, humor, and all sorts of marvelous pleasures and goals.

She found confirmation of attitudes she had developed toward many of the conventional and uninspiring ideas, demands, limitations, and expectations she had encountered in her family. Achieving what she felt was new and real understanding which she could apply to conflicts and uncertainties that had troubled her as long as she could remember, she now felt secure, independent, almost triumphantly eager for the future and its opportunities.

Soon her friend's husband had to go elsewhere for several months of work on a research project. She welcomed the opportunity to give up her own quarters and stay in the house of this wonderful and inspiring guide and benefactress. Despite the complications and interruptions of her hostess's two small children (whom the patient seemed to enjoy playing with and to love), there were greater opportunities for listening together to symphonies, for reading aloud Shakespearean plays, and for discussion over a few highballs until long past midnight.

She shared her friend's room and soon was sleeping in the same twin bed with her, both finding the nearness and the contact delightful. Lying together in the dark, thrilled with evidences of being understood and loved, she liked to talk and to listen and to have close physical contact with her idol. Both women, made lively and articulate by highballs and by delight, found it easy to murmur to each other all sorts of things concerning admiration and love and what each meant to the other.

From close embraces, to kisses, to mutual masturbation, things proceeded without our patient's giving very distinct thought to whether or not there was anything homosexual, anything perverse or queer about such practices. The older and more sophisticated of the two was the other's symbol of the ideal. What she approved and considered natural and delightful was almost automatically accepted by the other.

Furthermore, she got the strangest new delights from what happened while they were in bed together. She had, as a matter of fact, not only erotically exciting sensations but distinct orgasms from the digital caresses and stimulations of the other. She did not think of herself and the other as something equivalent to husband and wife or as one pretending to be a man and the other acting the part of a woman under such circumstances. Both were women, in the patient's feelings, but there were wonderful and unforeseen revelations, sensual as well as intellectual and otherwise, in all this prized experience.

She was not preoccupied with resentment toward the absent husband. Without quite knowing why, she would not have wanted him to know every detail about what she and his wife did. But he did not loom in her concepts as a distinct rival, nor did their mutual masturbation seem to intrude distinctly into the areas supposedly reserved for husbands and wives. She was more concerned about the fact that her main source of happiness would be curtailed, that she could not be so often with this wonderful person after the husband returned and she went back to her regular quarters.

The sensuous feelings and the startlingly delightful and new experience of orgasm were all tied in with her affection and love and unstinted admiration for the wonderful person who had brought so much to her. She had learned something about homosexuality not only from books but from her efforts several years earlier as president of a students' honorary society at college to help a freshman who had shown what seemed to her serious and regrettable tendencies of this sort. It sometimes occurred to her that what she and the totally wise friend did might be regarded as perverse or like the misdeeds of that girl at college, but such thoughts had little more force in her evaluation of the acts than some far-fetched philosophical abstraction which might be literally true in syllogisms but without relation to actualities of experience. These sexual activities were a private and secret delight, one part of the many things they shared and into which no one else entered.

As she discussed this matter, freely and without hedging or apparent shame, she seemed to have little or no fear that she might be homosexual. I also felt that she was by no means what this term indicates in its reference to full and fixed Lesbian women. Her physicially erotic relations with the other woman had been in some respects a substitutive practice, though what it might stand for was not well formulated among her goals. Her reaction, in certain aspects, was akin to what a normal, adolescent boy might experience in masturbating while immersed in vivid fantasies of intercourse with the image of the girl he has chosen as a sweetheart and wants some day to marry.

There was, however, an important difference. She had no definite referential imagery in which a male figure could be located as the personally and fully-embraced partner in the world of delightful feelings that were evoked. There was no channellized structure, as in the example of the romantically masturbating boy, to conduct her aspirations toward a real and well-defined goal. Though there were resemblances, her experience apparently lacked features essential to the malignant pattern of true homosexuality. In the first rewarding intimacy she, so far as she could recall, had experienced with another human being, this delightful and exciting physical part of it was wonderful, and she found it in no way disturbing or objectionable.

Such a situation could scarcely have arisen for a man under similar circumstances without vastly more pathologic actualities and consequences, for in the virgin male genital aims are nearly always clearer and less ambiguously merged in general and nonsexual personality relations.

After some months of what had been the most delightful time in our patient's life, her beloved friend and idol announced that their relations must be terminated. The young girl could not conceive of any valid reason for such a decision. The articulateness of her preceptor failed at the task of making clear or acceptable what was, nevertheless, made final. Soon afterward this indescribably wise and wonderful being moved away, her husband having been given a position much to his advantage at a university in another section of the country.

The young lady we are concerned with was puzzled, sad, and hurt beyond anything that she could express or explain. After having for the first time in her life exposed and offered all her intimacy, love, adoration, longings, and everything else that she had heretofore automatically and fearfully guarded, she found herself rejected. Her emotional commitment had led to loneliness and frustration, to the shame and hurt of being discarded.

It was not difficult for this intelligent girl to begin discovering that without knowing it she had for some time been deliberately and actively engaged in the process of throwing herself away. She had been thrown away by the only person to whom she had offered and fully given herself. Unable to make verbal comment on her hurt and betrayal, she formulated and, in another way, expressed comment in behavior that spoke with more authority than any language. She began to understand that by so damaging herself she was, not in the mere light symbols of language, but in terms more concrete, trying to explain to the one who had rejected her how much this rejection hurt. This could not be adequately conveyed without pain also to the one her desperate message must reach. The banishment inflicted by this other, she had already found, constituted a wall that could be penetrated, if at all, only by an emotional projectile of great traumatic force.

Going back a little farther, let us consider the situation of this girl prior to her meeting with the older woman. Since she could first remember, it had seemed obvious to her that civilization was devised in such a way as to give the human male many undeserved advantages over the human female. Little boys could wander off on tree climbing, hiking, or other adventures, but little girls were more restricted. Boys became airplane pilots, surgeons, generals, etc., while nearly all women, as she saw it, became wives who day after day performed routine household tasks, washed dishes, nursed babies, and seldom got out to have any fun, even at night.

Furthermore, husbands did not seem to find them attractive. Even the funny papers joked about how dull a wife was as compared to the stenographer and showed husbands on every possible occasion gleefully slipping away from prosaic and dowdy figures at home to get "a night out with the boys." As her life progressed she had steadily encountered facts to corroborate the implications of an old saying fairly common in her childhood, "Why, you can't get any more lift out of that than out of kissing your own wife."

When she had wanted to be a general or a cowboy leader in those early games in the park the others laughed at her and said she was only a girl. Facts like her being able to run faster and climb better than some of the boys did not matter. No, the decisions were all determined by the irrelevant point about her being a girl.

She had to stay at home sometimes and help her mother with the dishes or other tasks. Daddy, after reading the morning paper, went off and stayed the whole day among all the excitements of town. There is no need to give much from the thousands of incidents, real and familiar to anyone, which she encountered and from which she logically derived her convictions that active and exciting lives are open to men while wives are expected to live in the circumscribed orbit of a house, carrying out repetitious tasks, and dull, petty, routines, often becoming creatures of convention, careless of their looks, shapeless, and uninspiring.

In her reactions to these formulations she did not derive envy and admiration for man as compared with woman. It was not through any real virtue or superiority that these males had all the interesting work and freedom and fun. It was because of conventions and rules, based not on facts but on tradition, that men had this advantage.

They were often smug enough and biased enough to think they deserved such a break. Women, not taking the trouble to think things through, placidly accepted such an arrangement. She did not want to be a man, or more like a man, but she was determined to evade as much as possible these artificial impediments. Instead of throwing her life away in a meek gesture to empty conventions, she would go after the interesting things. The success and independence she might achieve, the fun she might have, would, aside from their intrinsic value, be a comment on the fallacies she had detected and would oppose.

Under hypnosis and narcosis as well as in unaltered awareness, she gave much detail that filled in a convincing picture of her childhood environment. Hundreds of memory items emerged to disclose her father not as cruel but as an arbitrary and moody disciplinarian in small matters. Her parents did not (to her) seem to find intimacy, fulfillment, or very much real fun together in their marriage.

The mother (in her eyes) lived in trivial activities, was bored, boring, and fretful, but unaware of the reasons. The patient's outlook and aims had slowly taken form in reaction to the model of marriage she found in her home. As she grew, she discovered in her general surroundings thousands of items which supported and further shaped opinion and inclination.

One need not assume that the marriage of these parents was all that it appeared to the little girl. Details of it which she encountered at susceptible moments might be accurate without being representative of the whole. So, too, as she grew and observed the world about her, she found facts which continued to confirm her early evaluations.

Anyone can find dull housewives, distant and bored husbands. Everyone knows that the immature male takes advantage of the double standard, often tries to see how far he can get with girls, under the pretense of love, only to react with the precise and unflattering opposite of love in degree proportionate to her acquiescence. During an early discussion of the disadvantages of marriage for girls, the patient cited as evidence two young couples who often went together on automobile trips, the two husbands sitting together in front, the wives ignored on the rear seat. All the observations given as evidence by the patient seemed to be true and accurate. Her interpretations also seemed, for the specific instances she cited, correct.

If a man and a woman value so much the opportunity to be together on dates, why should they almost immediately after marriage so change as to choose even a person of the same sex to sit by in preference to the mate? Custom or courtesy might suggest that, as in seating arrangements at dinner parties, husbands and wives, in this limited sense, be swapped about. But can anything but the absence of basic sexual and personal interest make men turn regularly to men, and women to women on occasions when married couples gather? The patient found in scores of incidents she had observed indications that these couples were not particularly close to each other or having much fun together.

Among other examples she pointed out how often at parties the husbands drifted or sometimes almost raced for the kitchen, where, in purely male company, they spent most of the evening, frankly oblivious of the wives stranded together in the living room.

I could not but agree with her that such behavior was consistent with and might indicate serious attrition, if not indeed the unhappy and untimely death of what it is natural to seek in heterosexual love relations. Her basic concept can, perhaps, be conveyed by a joke she told. It is an old joke, but expressive:

A husband who habitually paid little attention to his wife did not even look up from his paper when she came down one day in a new and breathtaking dress. She tried in vain to make him notice and admire it. She was a good-looking and voluptuous woman and resented being ignored. Not succeeding in getting the husband to raise his eyes even momentarily to regard her, she ran back upstairs. Resolved to shake him from his lethargy, she stripped and came down again, completely naked. Announcing she was on her way downtown to shop, she paused for his appraisal. Finally she succeeded in getting him to glance up from the paper. Before returning to peruse it, he indifferently remarked, "Umph! Need a shave, don't you."

Among her married friends she had observed many wives who received strict allowances dealt out to them as if they were children or servants by husbands who would not even divulge to their mates and reputed equals any fundamental information about the family's finances. Everything concerning their business affairs, to which these husbands seemed to devote most of their lives and interest, was withheld from wives who were, the patient felt, appraised as too inconsequential or undeserving to share in these matters sacred to the male world.

Many of her conclusions might apply correctly to the specific cases from which she drew them. She had, apparently, with precocious accuracy, sensed and ferreted out negative points in specific husbands and specific wives that others, accepting more optimistic generalizations, would have overlooked. Her ideologies and the general shaping of her aims and actions had been strongly conditioned by the implicit assumption that all marriage was necessarily what she had seen it to be in many instances. Argument with her about this over-generalization would scarcely have altered her fundamental outlook.

In the course of time, however, as she brought up the concrete details of experience with increasing amounts of affect, she became aware of distortions and evasions formerly screened by her dogmatic ideologies. Eventually she could see (and feel) that it was her mother (or the image she had made of her mother as a child) which she had rejected and that this did not demand rejection of the feminine role itself. She could see also that while she had determined not to accept all the limitations she believed inherent in woman's status sociologically, this distortion had not extended into deeper biologic levels. She had not, in turning from the mother, identified herself with her father and determined to *be* a man. Had this occurred, far more serious problems might have arisen for this girl.

Marriage was very strongly rejected as an ambition. Reactions to her mother and to her father apparently combined in this negative force and contributed to a distorted response to this major feminine role. She examined again and felt again the effects upon her of her older brother. It was he for whom money had to be saved so that he could go to medical school. She recalled that at first she had been very fond of him and proud of him. As she continued to reorient herself to what had appeared to be preference on the parents' part for his ambitions, while deprivations were demanded of her so that he could attain the independence of being a physician, she became better able to see these things in the general context of her life.

Incidents scorned at the time and since then neglected, when now recalled and reappraised, indicated parental pride in her also. It became possible for her to see that this had not been sufficiently valued by her, because it was pride in her as a girl and for qualities unlike those she specifically needed for competition with her brother.

It is impossible to set down here all the myriad events that came up for this girl's reappraisal or the affective reactions and shaping of attitudes that, seen as a whole, seemed to account for her rejection of marriage and fear to give herself in any deep, personal intimacy with men. Nothing that is said as a generalization about her life pattern can convey what emerged as she reproduced it in the concrete form of innumerable incidents. Nor would any explanation in general terms have been useful in her efforts to reorient herself as were the explanations she herself gradually arrived at.

The sexual relations with men, begun several months after the break with her Lesbian partner, soon convinced her of something she had not wanted to admit at the time, that the sexual organs of man and woman are appropriately designed for contact and work together in such a way as to get better sensual results than anything possible with two female bodies, which are not anatomically equipped for such a job. She was forced to admit this, though she continued to deny all possibility of other genuine and happy relations between man and woman.

This at first was a blow to her, for she sought to preserve in idealized perfection her concept of the relation with the other woman as being in every respect superior to anything possible between woman and man. She had jealously guarded those feelings and impulses which, in being bestowed, constitute falling in love. In her sexual activities with the series of men she went to unusual lengths in trying to keep all relations and contacts of any importance to herself, to let her sensations remain confined, localized, and impersonal. Capacities to love another, to give genuine intimacy (herself) to another, drawn out initially by the homosexual partner, were less deeply buried than heretofore and hence demanded more vigilant protection from arousal by man.

In having intercourse with men she continued, also, her old competition with the other sex, rejecting them as lovers or needed complements to herself in personal matters, but seeking to outwit them or to find some basis, however far fetched and flimsy, on which she could mock them in their sexual tactics.

Her promiscuous relations appeared eventually to the patient as having been used to carry out several purposes simultaneously:

1. They satisfied a need for sensual pleasure and orgasm that had, since her experiences with the woman, become clearer and more urgent.

2. By cheapening herself as a sexual object, she expressed reproach and criticism of one who had discarded her and protest against being so treated.

3. She reaffirmed her rejection of woman's role in marriage by caricaturing in her own attitude the personal relations of the heterosexual act.

4. She found an aspect of the situation, however farcical and insubstantial, by which she could think of herself as mocking the man (his not realizing she knew what he was after).

5. She tried to insure her freedom from any need of marrying by getting localized genital pleasures and relief while keeping distinctly withdrawn from all personal relations.

6. By changing partners on each occasion, she expressed her freedom from attachment, her disdain for any important relationship in connection with the act. This practice also made it impossible for an attachment to develop and threaten the sort of security she had built up over so many years.

It took her much less time and effort to reach the conclusions above than to realize emotionally that she had, without suspecting it, been very much influenced by a need (not admitted) to find something she had never realized was desirable and necessary until she had sensed a misleading clue to it in her close personal relations with the older woman.

It was more difficult still for her to accept the possibility that anything of this nature might be worth seeking in a man. This possibility did not become acceptable to her so much through its direct examination or continuing reappraisal of what she had experienced with the woman, but chiefly, it seemed, through the relation of present and recent matters, to aims, attitudes, and reactions recognizable in her childhood and, under varying aspects, in the year-by-year pattern of her life. She at first brought out material with little affective reaction to it. Later her feelings about incidents already mentioned were allowed expression.

It was less difficult for her to give up her sexual promiscuity than to alter her attitude toward marriage. Even the possibility that male and female have personality features and resources for erotic relations with each other comparable to the situation anatomically (which she had found so superior to the deviated homosexual experience) was a possibility it took her much time to accept.

The fear, born in her childhood, of losing that freedom which would enable her to escape the fate she saw as inevitable for every housewife, strove long and stubbornly against the recognition of anything that might modify her concepts and her affective reactions to them. These concepts, warning her perpetually from within, had, it seems, blocked many nascent impulses that might have led her, years ago, into experiences which could not but modify it. Not by reasoning alone but only by experiencing something directly, something directly between herself and man, was it likely that sufficient modification could occur for her to continue improvement.

From a small and very reluctant beginning such experiences developed, and with them changes of attitude extending much deeper than the presence or absence of the symptoms she had once expressed in her behavior.

No attempt has been made to bring out anything very deep or remarkable about this patient. She illustrates, however, several points useful for our purpose. The outlandishly promiscuous and poorly motivated sexual activity which constituted the objective clinical manifestation of her trouble was entirely typical of what we find in the real psychopath. Her conduct in this respect would seem to argue well for that diagnosis. The lack of adequate conscious purpose, of anything resembling irresistible passion or even strong ordinary temptation, to account for such inappropriate and unrewarding behavior seems even more characteristic than the bare deeds.

Important distinctions can be made, however, between this localized expression and the similar but generalized malfunctioning that distorts the psychopath in all his serious performances. Not only was this young lady consistently successful and purposive in her work and in all other social relations, but her emotional attitudes and responses in almost every situation except those centering about heterosexual aims were normal and adequate. In the erotic situation she not only behaved unwisely and unsuccessfully, but also showed evidence of distorted evaluations, of affective confusion and serious deficit. In a crude analogy it might be said that her pathology compared with the widespread pathology of the psychopath somewhat as a carbuncle caused by a streptococcic infection compares to streptococcic septicemia.

Despite many superficial resemblances to serious and predominant homosexual reactivity and life patterning, she had retained, beneath the surface, biologic and fundamental heterosexual potentiality.

Her experiences with the seriously deviated woman awakened or liberated needs and capacities for close, devoted, and understanding human relations. In the framework of this broad awakening genital impulses were also stimulated, though misdirected. For the patient, it appears that she found in the experience with the older woman expression for much that she had missed long ago in parental relations as well as in friendships and the usual heterosexual gropings of adolescence.

The somewhat clarified and freed genital impulses did not seem to be integrated into the broader pattern of personal arousal in such a way as to constitute real and firmly fixed homosexuality, but rather, they appeared to accompany, in a confusing but additive sense, the other and surrounding affective capacities and urges as all emerged. In a confusion which she could not evaluate, reacting to several important needs or urges, she hit upon the maladapted behavior pattern in which she presented herself.

Her personality as a whole remained sufficiently intact or normally functional for her to give to the physician and to herself an account of earlier experiences and her reactions to them sufficiently valid for plausible explanation of the disordered behavior to emerge. The awareness of important influences shaping the pattern of behavior made available to the patient (as well as to the observer) some understanding of this pattern. On the basis of this, slowly but progressively, helpful modifications were made by the patient in her evaluations and in her adaptation.

I deem it likely that in the fully disordered psychopath similar but far more complicated causative influences exist behind the clinical manifestations. In the real psychopath pathologic changes to be discussed oppose peculiar and great obstacles against efforts to obtain information essential to interpretation.

Chapter 35

SPECIFIC HOMOSEXUALITY AND OTHER CONSISTENT SEXUAL DEVIATIONS

(References 16A, 28, 57, 92, 125)

IT has been a popular custom in psychiatric writing to use such terms as *sexual psychopath, sexual psychopathy,* etc., and this custom has authoritative sanction in the nomenclature. It is true that many sexual deviates, particularly among those treated by psychiatrists, show additional pathologic features. Sometimes these features include those typical of the psychopath. This does not, however, seem an adequate reason for identifying the two groups under a single term as if they were merely two types of the same disorder.

No one is more ready than I to agree that the real psychopath's sexuality is abnormal. The schizophrenic, the paretic, the paranoid, and many other types of psychiatric patients also carry out deviated sexual activity, and in those who do not one finds many indications of extremely deviated attitudes about the basic erotic orientations. Yet we would not find it profitable to give up our distinguishing terms for these disorders and merge them as types under a general term that also embraces the sexual disorders. Such a scheme would, no doubt, tend in time to blur our concepts about what we are dealing with.

It impresses me as inaccurate to assume that homosexuals as a class show the general life pattern of gratuitous folly and purposelessness so typical of the psychopath. It seems unlikely that more than a very small percentage of homosexuals ever come to the attention of physicians at all. Fewer by far are admitted to psychiatric hospitals. Whether or not the Kinsey Report[119] correctly estimates the proportion of male homosexuals in the nation, it seems obvious that they are far from rare in almost any community. Though some deviates of this sort also show the more generalized, and even the typical maladjustment seen in the psychopath, the two groups, neither in medical practice nor in a survey of the community, seem to coincide. There is, indeed, some overlapping, but this is true of most psychiatric conditions.

It would seem remarkable if any physician of experience could not call to mind a great many distinct and overt homosexuals who continue to lead peaceful, productive, and socially useful lives and who cannot, even by the most violent imaginative tour de force, be identified with the psychopath as he is here presented. It could hardly be said that characteristically these deviated people fail to show kindness and consideration for the rights of others, that they are incapable of gratitude, affection, or compassion. Only confusion is promoted by efforts to identify them as a group with the obvious pattern of failure and profound, generalized incompetency of the other life pattern.

Among them are found people active and persistent in the promotion of painting, music, literature, and other expressions of art or learning, and reliable leaders in civic enterprises. In these endeavors they do not, as a group, give evidence of such inconsistency and shallowness as we see in the other disorder.

Among these better adjusted homosexuals are seen successful lawyers, artists, bankers, and scholars, who appear in their nonsexual activities to show persistent purpose and evidence of responsibility. There are also less successful but industrious and peaceful citizens who year after year carry out their duties in humbler occupations and regularly fulfill obligations to dependents.

When we consider people of this sort, and it is not unlikely that they constitute a majority of homosexuals, it is not surprising that Greenspan and Campbell state:

> "The homosexual is so unlike the psychopath that it is hardly conceivable that the most popular classification places him as a subgroup of the psychopathic personality." They add, "However, there are possibly two reasons for this error. One, any sexual anomaly, even in the minds of physicians, is unequivocally associated with antisocial behavior and therefore akin to psychopathic personality. Two, an occasional psychopath will admit to homosexual activities, thereby substantiating this impression."[77]

That some homosexuals show persistent and gross maladaptation all through their pattern of living seems less remarkable than that so many avoid what is typical of the psychopath or of the schizophrenic. It is extremely unlikely that any homosexual can escape deep and final frustration in what is perhaps the most fundamental aspect of living. The mockery and scorn deviation of this sort evokes from society and the almost inevitable efforts at secrecy and pretence to which its victims are driven must act as powerful and incessant pathologic forces on the whole personality. Having to suppress, evade, and implicitly deceive so much about something so vital every day of their lives, it is remarkable that homosexuals can adjust successfully or with dignity in any phase of living. Stresses of this sort, though sufficient, it would seem, to account for a major distortion of all attitudes, are probably trivial in comparison with more subtly malign factors.

It is highly improbable that the homosexual can ever find any sort of erotic relation that affords genuine satisfaction. Despite wide variations of aim, attitude, technique, despite all the attractions and repulsions, the diverse relations, anatomical and emotional, between themselves, every invert seems to be seeking as his real love object a *normal* person of his own sex. This quest for the axiomatically impossible brings not only inevitable frustration and repeated disillusionment, but, as can easily be seen, makes for cynical attitudes, bitter life rejection, and basic despair. The impossibility of the true invert (so long as he is an invert, consciously or unconsciously) ever finding sexual love that is really love seems to be poorly understood by the average victim of the disorder, though it is repeatedly demonstrated in his behavior. This point has recently been well emphasized by Bergler[14] and evidence of it is usually not difficult to obtain from patients (despite their own confusion) without prolonged or profound exploratory techniques.

While under Amytal narcosis recently, an athletic and successful young man who had fought with bravery and distinction as an infantry officer during the Battle of the Bulge expressed what is probably every homosexual's inmost goal and the core of his tragedy. With frankness and dignity this patient had already discussed numerous and diverse experiences (all deviated) and shown evidence of a rather paradoxical distaste for other homosexuals as love objects, despite the superficial relief they afforded him. He could not, despite his own freely admitted homosexuality, identify himself with the group, as, for instance, ordinary men accept each other in a nonsexual but fraternal fellowship. In addition, then, to his rejection of "queers" as a substitute for what women are to ordinary men, he also found it impossible to accept them as a substitute for what men mean to each other. Totally blocked from woman as a sexual partner, and his deeper relations with the general body of heterosexual men seriously distorted by his anomaly, he found himself also alien and rebellious among those most like himself.

During Amytal interviews he struggled in bewilderment to express his feelings toward the one love object who had appealed to him as truly acceptable. Not merely in his words, but more significantly in other evidences of emotion, this man showed a yearning, an idealization, almost a worship that strongly suggested the attitude of a genuine lover toward the adored sweetheart he seeks as a bride. This was in sharp contrast to the impulses of profound personal rejection which regularly accompanied such physical urges as made him carry out deviated acts with available "queers." There seemed to be, perhaps, an even sharper contrast than that between the heterosexual male's evaluation of a cheap whore and his evaluation of the supremely honored and beloved lady whom he humbly asks to share his name.

Clearly conscious, but more articulate than usual because of the Amytal, this patient recalled scores of small incidents, brief glimpses, personal mannerisms, characteristic expressions, and other details in which his memory cherished an image of the beloved. Joyous yearnings almost tragically lyrical illuminated his words. It might have been mistaken for an authentic poet's account of having lost forever the one woman who had made his heart unavailable to all others. Though his words had no especial originality and he even seized upon phrases long worn into banality, the fresh reality of his feelings was no less convincing.

"He was just a typical, clean-cut American boy," the patient repeated, his face aglow not only with desire but with grief and reverence. "He was a perfectly typical young American."

The patient had apparently been able to conceal his real attitude from this acquaintance, who was, according to all the evidence, a thoroughly heterosexual fellow. Thoughts of what the patient desired would be to him in every respect repellent. Even granting the impossible and assuming that the love object could have responded in the desired manner, our patient would not have been less bitterly frustrated. The unattainable but uniquely necessary goal would, *ipso facto,* become the reverse of fulfillment. Even in imagination his quest was hopeless. What it seemed imperative to grasp would necessarily dissolve at the touch of his hand. His conflict was no less maddening (though much less clear to him) than what an impassioned lover would face in an existence where any physical consummation of erotic aims would simultaneously transform the bride into the spiritual approximation of a despised trollop.

This aspect of the inevitable and humiliating conflict that distorts all homosexuals in their efforts to adjust emerges in another and different situation. Two men who would not appear to be at all congenial often sit together in a fine apartment furnished luxuriously but with distinguished taste. The host, precociously successful in his work (commercial art), is even better known for the talent and scholarship he has demonstrated in avocations and occasionally in helping with civic movements of an intellectual or esthetic nature. He is, in fact, recognized throughout his state as an authority on early American furniture and the eighteenth century novel. Sophisticated and rather elegant, his general appearance might be regarded as suggestive of the deviate but not as obviously indicative. His companion, an employee of a filling station, seems, on the contrary quite incongruous with all concepts of a "pansy." Powerful and stocky, outspoken and easily gregarious, he impresses most observers as an alert, practically oriented ordinary fellow, one no more prone to anything unmanly than a top-sergeant in a Class B movie.

These two have no overt erotic interest in each other and, despite a twisted and bitter bond of fellowship, there are considerable elements of shared repulsion. Together they await, sometimes until past midnight, the possibility that one or more of some younger men (whom the host often entertains at mixed cocktail parties and dinners) may drop in after their dates. A modicum of heterosexual impulse apparently remains in these acquaintances, for they not only go out with girls but sometimes have intercourse with them. The two men who sit up together wait in the hope that failures arising from virtue or other forms of reluctance in some of the girls will leave their escorts stimulated but unfulfilled; that the escorts may then come by the apartment for a nightcap and, influenced by chagrin and/or unrelieved tension, submit to fellatio as a substitute for what they missed earlier in the evening.

The successful and scholarly one of this pair seems to experience indignity in the thought of being, even when successful, a second choice to the girls. The very thought of carnal intimacies between man and woman is to him both distasteful and emotionally incomprehensible. He feels himself in a position to offer esthetically superior and far more genuine things to these undiscriminating beneficiaries who, misled by commonplace standards, put vulgar and trivial pursuits above what is choice, uniquely beautiful, but evaluated properly only by the elect. But, as he has explained to his companion ruefully, he is prepared to suffer this or any other personal humiliation if necessary for the attainment of his aims.

Though these younger men could scarcely be rated as normally heterosexual, or as approaching this very closely, the relatively small degree of this approximation to the normal and unattainable male seems to constitute their charm.

Though fictional material cannot be relied upon for evidence in questions of this sort, it is useful sometimes to illustrate in detail patients' reactions which are difficult to present convincingly in brief summaries. In a recent novel, *The City and the Pillar,*[212] we find that the chief character (Jim Willard) is presented in a way that brings out very adequately the point now under consideration. His attitudes as he is shown in relation to a surrounding world of other homosexuals reflect accurately what we very often encounter clinically. An inescapable contempt, sometimes admitted, sometimes apparently less clear but no less real, prevails in Willard's feelings toward this entire company of male inverts, most, if not all, of whom he derogatorily regards as "queers," referring to some even as "queens." He is pictured as entering into promiscuous sexual activities with a wide variety of male partners, often very casually with those picked up "bar-hunting" and sometimes less casually with successful or intellectual figures. Though with the latter some faint, positive, interpersonal feelings seem to emerge, these are trivial and at best pathologically ambivalent. The love object really sought by Willard, despite his having once engaged in an unspecified youthful intimacy with the hero, is not pictured as a true invert. The mistaken hope that his man offers him the possibility of something romantic, permanent, beautiful, and life-fulfilling is well brought out in Willard and is a useful illustration of what emerges time after time from patients of this sort.

It is well to avoid sweeping generalizations on the basis of one's necessarily limited observations. Though I cannot say that this specific need or desire for such a love object is universal, I am particularly impressed with the evidence of it in all cases I have had good opportunity to study. Such evidence has been more regular and more impressive in the male than in the female homosexual, but in the latter also the discriminatory need for a normal (unattainable) mate of her own sex seems to play an important part.

Were it not for this, efforts to adjust in "Bohemian" groups where one would think congeniality could prevail might be more successful, and satisfactory mates might be found with whom some enduring happiness could result. Such arrangements seem, however, to be at best a poor compromise for the participants and usually a temporary one. The female homosexual, according to my own impressions, more often works out a better compromise than the male, apparently by discovering a partner who is a better facsimile of the normal woman than is possible among men.

It is not surprising to find that people encountering such major difficulties in life show distortions or maladaptions or other special personality features aside from the circumscribed deviation. I do not, however, believe that the clinical picture of the psychopath coincides with anything that is typical or characteristic of homosexuals as a group. This pattern of general behavior occurs but I believe that other patterns are more common.

Greenspan and Campbell[77] have briefly outlined personality features that impress me as much more characteristic of deviates as a group. The retreat, as described by these observers, into a "cultural aloofness," where the ordinary proprieties and amenities are exaggerated, and where a special sort of "intellectualism" and "estheticism" prevail, is much more often seen than the sharply contrasting heedlessness of the psychopath.

Keeping in mind the strong probability that a great majority of this group never seek treatment or become available for psychiatric study, it is plain that our clinical observations should be applied only tentatively in all generalizing hypotheses. It is natural to think that those whose maladaption includes antisocial behavior or other gross general failure would predominate in our clinical material. This must occur with the regularity of cream rising to the top of the milk bottle, or the larger fragments of gravel remaining in the seive. Such an opinion is also supported by the attitude common among homosexuals that their erotic status, far from being a malady, is, on the contrary, something to cherish.[71A]

Such obstacles to accurate generalization emphasize the need for tentativeness. If we are faithful to our responsibility of presenting hypothesis in no other guise, it is allowable and sometimes profitable to express our surmises. If we utilize clinical impressions in our general (and necessarily more superficial) observation of mankind and our efforts to interpret what surrounds us, we run the obvious risk of over-applying our professional data; but we also have the opportunity to see broader manifestations, genuinely sociologic effects of what we have observed at close range and, one might say, in miniature. Since forces in the milieu react upon the patient, we cannot ignore the circles of influences (between person and cultural forces) when they come to our observation.

When we consider sexual deviates in relation to society, two points particularly emerge: first, the direct effect upon others which the deviate has in his search for sexual gratification and, second, the indirect effect of accessory deviate reactions as manifested in literature, art, education, and other ideological spheres.

I. If the deviate were not specifically inclined toward normal (and unattainable) members of his own sex, fewer serious problems would arise here. This inclination is, however, sufficiently common to be emphasized. The distorted evaluation through which deviated sexuality is by the subject of it estimated as superior, is also common. These two points indicate the danger of antisocial efforts by the deviate to draw others into abnormal specific practices and abnormal personal relations. The mature, well-adjusted person is, of course, not responsive to any such persuasion, but the adolescent or sometimes the adult under psychiatric stress may be seriously traumatized. Evidence of this is abundant in the histories of patients who are not homosexual. Stronger than ordinary ethical impulses and superior ethical judgment are necessary in the deviate if he is to avoid direct antisocial acts. Those who avoid seriously confusing or harming others deserve special respect and admiration. With offenders, their unusual difficulties should be kept in mind, but precautions should be taken to avoid the psychiatric damage that may be done to others through them.

II. The secondary reaction of cultural aloofness mentioned by Greenspan and Campbell[77] is in general a harmless and valuable protective measure for people who sorely need defense. Some inverts, probably a small minority, react not only with cultural aloofness but also with what might be called cultural contempt and destructiveness. Though a minority, it is a conspicuous minority, and conspicuous through the manifestations of more than ordinary talent.

The familiar exaggerations of critical taste in literature, art, music, etc., snobbish fears of being caught in some esthetic appraisal short of current "highbrow" standards, disdainful withdrawals from the commonplace, etc., so often prominent in the invert, are compensatory measures undeserving of mockery by others. Despite admirable examples to the contrary, an understandable but definitely pathologic cynicism is rather common, particularly among the more forceful and talented. Those who can live peaceably in the shallows and content themselves with the trivia of social relations, lackadaisical ventures into the fringes of erudition and the arts (or perhaps a prolonged but a largely Platonic liaison with one or more of the Muses) seem to avoid the aggressive cynicism characteristic of some among the strong and the brilliant in this group.

In literature, music, philosophy, the achievements of the homosexual stand among those most highly valued by man, and perhaps among the most healthful and undistorted. Here, too, stand the achievements of persons with other serious psychiatric disorders. Despite these immortal successes by some, it is no less true that others bring into what they create, largely or chiefly, the reflection of a very deep disorder. Though such productions afford informative material for psychiatric study, it is difficult to estimate all their influences and sociologic effects.

In faddist movements featuring an essential nihilism, in advanced groups who wax almost enthusiastic about futility and boredom, in charmed circles where a taste for decadence becomes dogma, it is not difficult for the psychiatrist (however poor a judge of art he may be!) to recognize something astonishingly similar to the secondary cynicism and defeatism of the intellectually aggressive homosexual patient. It is highly probable that some talented inverts, through the projection of their own bias, communicate in novels, in teaching, in poetry, etc., data which, if mistaken by the impressionable for valid data, make for confusion, misinterpretation, and regression.

Brilliant and talented people of this sort find that for themselves sexual love, wherever or however it may be sought, turns inevitably into a mocking chimera, into what leaves them outraged in their deepest yearnings and deepest needs. It is understandable that in the bitterness and loneliness of this fate they rationalize an anodyne in the conviction that only a grossness of taste, some spiritual shallowness or simple gullibility in the majority enables these benighted creatures to continue to believe that man and woman can really fulfill each other and find in ordinary experience something that, despite adversity and mortality, makes it magically worth-while. Since in basic matters existence has proved itself so different to the invert, it is difficult for him to avoid assuming that reports to the contrary are based on illusion or stupid pretense.

This sincere but definitely pathologic cynicism, focussed primarily on meaningful relations between man and woman but often spreading into a generalized life rejection, no doubt plays a significant part in ideologies that color the milieu. The more subtle the creative writing, the art, the criticism, the teaching, the philosophizing, etc., of talented people thus distorted, the more effective is this negative influence.

The projected distortion, the biologically inaccurate data, are more likely to be encountered in implication than in direct argument and represent not a vicious, or even a voluntary, effort to falsify but a genuine communication of experience unrecognized as pathologic.

I would not say such influences are likely to make homosexuals out of normal people, but I would estimate them as a significant factor among the negative social forces worthy of attention from preventive psychiatry. Understanding and explanation offer, of course, more promising remedies than any efforts along the intrinsically futile lines of censorship or suppression.

Though it is improbable that grave sociologic damage occurs through the fluctuating medium of milady's fashions, these fluctuations offer a subject for speculation. Multitudinous and very diverse forces no doubt integrate into what causes the elevation or the lowering of a skirt. Despite the complexity and abstruseness that make confident interpretation absurd, I am willing to risk a guess that secondary homosexual reactions exert at times a discernible effect here. Those too young to recall the early 1920's may find it hard to believe how little female contours or other attributes remained discernible or imaginable after the interior strappings down and the exterior levellings out had done their utmost to translate full female actuality into the caricature of a pubertal boy. Here was a means not only of making women look less like women and more like boys but also, and this perhaps more fundamental, of making women look very ridiculous.

Other types of pathologic sexuality listed in the standard nomenclature under *psychopathic personality* are *erotomania, perversion* and *sexual immaturity*. So far as erotomania is concerned, the following points may be made: Most psychopaths whom I have observed have shown little compunction about seeking sexual gratification. They are so frequently found in brothels and with other professional vendors of erotic wares that one might at first glance conclude that they indeed suffer from erotomania.* A closer consideration of the circumstances leads one to feel, however, that the psychopath is not pushed into these situations by an excessively vigorous eroticism but that even the feeblest and most transient impulse will cause him to seek gratification with partners and in environments shunned by a person with ordinary judgment and discretion and taste. It is indeed open to question whether the impulse is more than feeble in the sense of genitalized sexuality, to say nothing of mature sexuality. Sometimes the male psychopath, after carefully setting the stage for seduction, will instead of achieving intercourse, straightway drink himself into the purgatorial Nirvana of maudlin semiconsciousness, leaving his partner to nurse and pamper him. With the typical psychopath, male or female, as known to this writer, the sexual drive, normal or perverse, does not appear to be of sufficient vigor to account for the poor judgment shown in what seems rather to be a vague blundering along the roads of folly and frustration toward what is essentially life rejection. There are, of course, personalities activated by strong libidinous drive who often commit extremely indiscreet deeds and sometimes who even bring disaster on themselves. These, however, do not impress me as fundamentally similar to the psychopath.

The next subdivision, perversions,[16a, 57, 92, 125] which may be taken as covering masochism, sadism, bestiality, fetichism, necrophilia, scoptophilia, and various other erotic deviations, would, it seems, imply people who consistently sought definite erotic satisfaction in one or more of these ways and in whom this quest was a major and persistent life aim. Taken in this sense such characteristics are not particularly common in the psychopaths whom I have studied. Psychopaths, of course, show a carelessness about drifting with what might be called one or another of the partial impulses[66] which have been said to underlie these perversions, but they do not regularly give the impression that efforts to attain specific gratification of this sort play an important role in their conduct or could account for their generalized patterns of failure.

In a broader sense one might say that the apparently willful persistence with which they bring humiliation and emotional suffering upon those who love them, as well as failure and unpleasant circumstances upon themselves, marks all psychopaths as both sadists and masochists. Only in this sense, however, are these impulses common or consistent, and the gratification is far from being the directly erotic sensation enjoyed by perverts who literally whip others or have themselves whipped. It has been already stated that true psychopaths with serious criminal tendencies do exist. The real psychopath who is a real (persistently organized) sadist, of course, ranks as an extremely dangerous person. Like all psychopaths, this variety is unlikely to be greatly altered by punishment or training or treatment, and constitutes a grave problem. This type is, of course, often responsible for perverse and murderous attacks on children so frequently noticed in the newspapers.

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*Such a conclusion would, however, be as seriously wrong as to assume that the inveterate reader of sentimental rhymes gave evidence of a strong inclination for poetry or that the empty and aggressive braggart were really of stoic fiber.

The last subdivision, sexual immaturity, can be more aptly used, in my opinion, to describe all psychopaths than to segregate any particular group of them.

Chapter 36

THE ERRATIC MAN OF GENIUS

RATHER curiously, one might at first think, many men of unquestioned genius have been placed by various writers in the classification of psychopathic personality.[87,91,110] The vagueness and plasticity of the term as officially used indeed allows it to be stretched in practice to cover nearly any type of abnormal behavior imaginable, and the literal or etymologic connotation is, of course, no less all-embracing.

It is true that many men of genius are credited with isolated acts which would do justice to the cases presented above. Some of the great figures in history, literature, philosophy, and art are said even to have behaved continually in abnormal patterns.

The prevalence of this school of thought probably stems from Lombroso, who, in 1888, with *The Man of Genius,* advanced his familiar hypothesis that genius is a degenerative psychosis, a sort of "moral insanity" which may at times take the form of other mental disorders but which preserves certain distinguishing characteristics.[131]

Grasset,[75] following a similar line of thought, gives some striking examples. Tolstoi is said to have lashed himself with ropes and to have fallen a considerable distance while attempting to fly, before wondering seriously whether to abandon civilization for a primitive life in the desert; Jean Jacques Rousseau's many false starts as medical student, clockmaker, theologian, painter, servant, musician, and botanist are noted, as well as his curious letter addressed to God Almighty which he placed under the altar of Notre Dame. Rousseau's expressed repugnance toward the normal sex act is hardly less significant. Schopenhauer's pecularities, long famous, are reviewed by Grasset. His attitude toward women, his morbid suspiciousness which led him to write even trivial notes in dead languages, his occcasional assaults on unsuspecting bystanders who he fancied were talking about him all suggest a deep-seated maladjustment.

Unusual and apparently irrational behavior has indeed been so commonly reported in the lives of great artists and thinkers that there is a popular tendency to regard it as the rule rather than the exception. Vincent Van Gogh's career is a familiar example. His justly celebrated exploit in cutting off his own ear and sending it to a prostitute of Arles is one of many.[165]

Paul Verlaine's life of personal folly shows arrests for shooting his dear friend and for assaulting his own mother.[55]

Richard Wagner, according to some of his biographers[97] at any rate, manifested an utter disregard for the feelings and the rights of others, a petty vanity, and an emotional hollowness almost worthy of the psychopath. Nordau[161] has indeed said that Wagner is accused of having a greater degree of degeneracy than all the other degenerates heretofore seen put together!

Jonathan Swift, in his poem, *The Lady's Dressing Room,* and in other writings, manifests an attitude so basically distorted that it is difficult not to feel he was a very ill man psychiatrically. In an interesting discussion of life-rejecting attitudes and their relation to obsessive disorder, Straus[203] makes clear something that is probably not only pertinent to that syndrome but also to other psychiatric conditions. The basic emotional judgment expressed by Swift may, as an unconscious stratum in the psychopath, have a good deal to do with the psychopath's clinical manifestations. The life of this learned and brilliant man does not show consistent behavioral features that would justify his being classed in our group.

There is no doubt that deeds of apparently purposeless folly, even of apparent madness, are found in the life stories of great men. I do not, however, believe that this is sufficient evidence to class them as psychopaths in the sense with which that term is here employed. These genuises, despite their bizarre conduct, worked on with unmistakable purpose to concrete results. In considering their works of art, even if not in the second hand story of their lives, one feels the unmistakable impress of mighty passions, of a violent, whirling, life force. Their lapses into irrationality appear to be the result of these unusual forces breaking through ordinary, or even extraordinary, restraints. The typical psychopath, on the other hand, shows no forceful life drive, no over powerful current which breaks through. With apparently weak impulses he addresses himself directly to folly. I feel safe in venturing the opinion that no full psychopath, in the sense that we employ this term, will ever produce any important or even any sincere work of art. Schizophrenics and manics seem to do so, but not the psychopath. If the psychopath appears to do so, closer and more earnest study is very likely to reveal it as a fraud. The genius may be uneven, and his weak moments may be shocking, but valid greatness can come only out of strength.

From the present viewpoint then, though bizarrerie, crankiness, cruelty, drunkenness, and even occasionally serious mental disorder are not denied in men of genius, these manifestations are not regarded as identical, and seldom as particularly similar, to those found in the cases presented here under the term psychopathic personality. The essential process, is, indeed, considered to be almost at the opposite extreme of types. The genius may be mentally ill, but if he really is a genius he cannot be mentally ill with the disorder described in this volume. Even if one assumes that genius itself is a degenerative psychosis, the psychosis postulated would have more in common with many other types of disorder recognized by psychiatry, particularly with the schizoid, than with the one discussed here. Unusual talent and high technical intelligence are seen in some of the patients whose histories are given here. It is, of course, possible for much greater talent to be manifested by persons suffering in some degree from the disorder I describe. I maintain, however, that in any case of this type the disorder and the geniuslike abilities are different qualities and that this particular disorder always hinders honest creative efforts.

It is possible that behind the disorder itself there once lay extraordinary potentialities. More than once I have seen patients who in critical periods of development seemed to face problems that arose largely from their own precocity, their own distinctly superior qualities. Such patients sometimes seem, one might say, to have advanced intellectually and in some respects emotionally so far ahead of what is average that they encounter problems and pressures which demand greater general maturity than it has been possible for them to acquire, though their general maturity may well excell the average. Patients in such situations have been observed who, it seemed, were being pushed into various patterns of psychiatric illness, pushed toward clinical psychoneurosis or even toward schizophrenia, by factors brought into play more through the indirect effects of their superiority than by any specific personality deficits.

Though excellent capacity is of value in efforts to work through problems to avoid dangerous pathologic reactive patterns, it is also, I believe, likely that high magnitudes of emotional and other functional potentiality have something to do with the degree of destructiveness when regressive withdrawals and disintegrative forces set the course. A man of unusual integrity and loyalty is likely to be more severely damaged than a man mediocre in these respects if complicated and confusing situations cause him to make grave errors in his business (or in his decision as an officer during combat) that result in disaster for which he holds himself responsible. Abandonment or betrayal by a fiancé or mate is likely to put stress upon persons in direct proportion to the depth of genuineness with which the other is loved. Persons of great dignity and pride may find it necessary to destroy their own lives under circumstances in which those with a shallower scope of feeling can adjust with only moderate emotional damage.

The possibility that a once great capacity for positive living may have played some part in the development of the psychopath's negative (destructive) patterns is, I believe, worthy of careful consideration. Certainly these patterns are thorough and uncompromising (no half-way measure) and if they do represent something purposive, though consciously involuntary, their effectiveness suggests an invisible purpose of uncommon force and sincerity. If the psychopath's disorder does arise dynamically in some such fashion, it is so subtle and so monumentally effective a job that one finds it easy to imagine that the potentialities represented here in reverse, one might say, deserve the estimate of genius.

Chapter 37

THE INJUDICIOUS HEDONIST AND SOME OTHER DRINKERS

THOSE who devote their lives unduly to sensual pleasure are popularly regarded by more sober and restrained members of society as wicked or depraved. By his fellows who are especially austere, by the so-called Puritans, the ways of the careless *bon vivant* are often attacked with thunderous vigor and even, by certain extremists, held as largely responsible for the ills of mankind.

It is well known, of course, that a large number of human beings, during their development, pass through a stage of recklessness in which strong drink and casual love-making are snatched at injudiciously. These jejune efforts to drink life to the lees sometimes bring embarrassment or misfortune to young people. Having tried out his wings of independence or of revolt and usually having received a fair number of bumps, jolts, or bruises, the average fledgling learns his way about and ceases to lay aside altogether his judgment and common sense when in pursuit of pleasure.

Ordinary people, young or old, if they contract gonorrhea, become illegitimately pregnant, lose their jobs because of excessive drinking, or suffer some other sharp reverse, observe the sequence of cause and effect and try to adapt themselves so as not to suffer in the same way again. Indeed, even a severe headache or other unpleasant features prominent in the aftermath of late hours and excessive drinking will cause the normal person to avoid waking in the same condition the next day. Sometimes, of course, indiscretion is piled on indiscretion and the bout of dissipation causes prolonged discomfort. The general rule, however, is to learn, even if slowly, by experience.

A significant difference then between the man popularly regarded as a dissipated person and the psychopath is that the former, even though he breaks over into indiscretion from time to time on occasions of excitement, tends to be guided by painful consequences.[213]

More important still, the ordinary hard drinker or high-liver appears plainly to be motivated by pleasure principles which we can all understand.

What difference will one more drink make? What spoil-sport insists on leaving? Words come to him, and ideas. The occasion grows more festive and he more sparkling. Perhaps he is putting his best foot forward before some attainable or unattainable lady, or merely embracing in good fellowship and understanding some group which he finds, in the general merriment, better able to know and value him. Someone breaks into song, snatches of poetry are quoted, each man gives tongue to his special enthusiasm or his special dislike. There is laughter, merriment, play, the dance. The general effort is toward life, toward a more full and active living.

Sometimes these activities in the relatively make-believe world of synthetic freedom, these pursuits of joy that is often not quite joy itself, make real living, or one's ordinary capacity to live, seem drab or feeble by comparison. Sometimes one shirks the harder, soberer transactions of the day and exists chiefly for the escape into another world which is not quite one's own. In varying degree, depending on how sound is one's integration, how obdurate one's insight, persons profit by experience and limit these indulgences in accordance with the hard and inescapable facts of self and of the objective world.

In the wide range of the accepted normal, various degrees of responsibility, various ethical and esthetic standards, various demands of ambition, various exigencies of the next day or of the next decade must be reckoned with before one even comes to the question of whether drinking and conduct under the influence of alcoholic drink constitute a psychiatric illness. Even when one arrives at the point where a definite illness or maladjustment unquestionably exists, many psychopathologic pictures must be considered and discarded before one segregates the particular picture which we will, lacking a better name, call the psychopath.

For the Methodist pastor in Paris, Ala., to drink at all would indicate some maladaptation of the man to his way of life. Yet the Anglican vicar in Stoke Poges or the priest in Amalfi may take his port or his Vino Orvieto Bianco Secco without arousing our suspicion. The middle-aged bachelor whose only tasks are to clip coupons and squire admiring dowagers about his gardens may regularly sip whiskey and soda for hours past midnight without invoking the significant consequences which such doings would bring to a surgeon called on for major emergencies several nights a week or to a young and ambitious businessman who must face a hard day's work each morning at 8 o'clock.

Several young doctors of philosophy might gather on Saturday night and hurl loud argumentative words about until dawn, consuming no mean quantities of whiskey while the structure of the hypothalamus, the prose of James Joyce, the sexuality of Sappho, the ideas of Norbert Wiener or of Arnold Toynbee are discussed, challenged, and defended. A couple of friendly mill workers whose wives are out of town might settle down some evening before a holiday in a barroom and drink through stages of shouting conviviality, loud song, blustering amorousness with prostitutes, to snoring stupefaction. Such activities might be defended as human by some critics, assailed as wicked by others, interpreted, perhaps, as efforts to escape the routine of the classroom or of home and factory by still others.

Two lovers who cannot for economic or legal reasons have each freely under the same roof, may on every available occasion lie in each other's arms until 3 A.M. in a parked automobile, having sexual intercourse as frequently as their abilities will permit. They may drink enough whiskey to blur recognition of the inevitable morrow, pouring out their feeling and fantasy to each other in a transient delirium of bliss. Each may suffer definite impairment of effectiveness at work, fatigue, headache, nausea, and many other discomforts day after day from deficient sleep and superfluous alcohol. They may be condemned as unconventional, sinful, or foolish by other people of various viewpoints. But their conduct has little in common with that of the psychopath. They feel that the game is worth the candle and they mean to play it.

A man whose desire for his wife has palled may at every party he attends drink too much, sway a little as he goes from group to group, try to make minor overtures to every woman he encounters, and, with the slightest encouragement, attempt seduction. Such a man, most people would perhaps agree, is maladjusted in the sense that he is far from happy in his life situation. His efforts to gain happiness may incur social disapproval of varying degree, be they adroit or ludicrous. Whatever of his other life plans or his ideologies he is ignoring, he is still moved by a fundamentally normal drive, that is, to accomplish sexual relations with a woman who appeals to him.

Another man may successfully avoid drinking to excess but also seek every opportunity to seduce female acquaintances, whether or not they are wives or sisters or sweethearts or daughters of his friends. He may try to induce the lady he seeks to drink to excess and so facilitate his purposes. This man might be called a sorry fellow by some, a fiend by others, a latent homosexual by still others. Again he might be explained as one whose unconscious sense of inferiority or whose unrecognized sexual immaturity demands compensation for his inadequacy or his regular failure to achieve mature fulfillment with each love object. Still another observer might regard him as a shrewd, cynical person who merely knows how to get what he wants and is above ordinary compunction. In some cases represented by the last example I have observed attitudes, personality mechanisms, and efforts at adjustment which have considerable resemblance to the psychopath. In the latter, however, one finds a far greater regression, a failure to follow out any aim that could be understood by the normal man, a general disorganization of the whole life plan. The spite reaction may be fundamental in the complete psychopath, but it is directed less consistently toward bringing about an actual sexual union than in untranslatable activities. It is also less obvious and more deeply concealed, not only from the patient but also from the observer. He may start on his spree with such an objective consciously before him, but he will occasionally pour into himself not stimulating but emetic or soporific doses of alcohol and end by vomiting in the bed or falling limp on the floor long before any other aim is achieved.

There are scores of patterns in which superficially hedonistic behavior can be seen to represent an escape from or a compensatory reaction to some emotional problem that the person has not solved. The man so attached to his mother that his mature sex aims are distorted may over years maintain a reputation for heavy and boisterous drinking, for being a great man about town with the women.

Deep marital unhappiness may lead one or both of a married couple to dull the edge of frustration by drinking regularly to excess, or by whooping it up at parties in a relatively vain pursuit of excitement and fulfillment. I have known successful business and professional men who, over the years, have each day consumed astonishing amounts of alcohol. Among these are persons who, sober or under considerable influence, remain reliable, pleasantly sociable, and quite themselves. In such cases it must be granted that the excessive drinking, whatever its value as an anodyne, usually constitutes a problem in itself. It is not uncommon to find persons who continue to make a successful adjustment in general, despite the fact that they drink considerably more than many psychopaths. The distinguishing point is that gross changes from a normal attitude and from normal behavior do not occur and a whole life plan is not demolished.

There are people who, to enliven a career that has fallen into boredom or relative idleness, may drink regularly to excess but who find a level of intake at which they make an adjustment. Here the drinking, one might say, is hit upon to kill time or as a substitute for the diversity and activity lacking in their daily routine. Though persons of this sort may lose control of the situation and become alcoholics in the clinical sense, many continue to maintain themselves without help. Drinking in such cases may be thought of as a handicapping factor but, since there are few responsibilities or vivid interests to demand full activity, the subject remains able to carry on his attenuated career.

Specifically disturbed emotional and social relations may result not only in alcoholism as a distinct illness but also in excessive indulgence over years or decades without progressive loss of control. Persons with varying components of latent homosexuality often find a partial and disguised outlet for their impulses in frequent and injudicious alcoholic sessions with stag groups. Mildly schizoid personalities shut off from close personal contacts and lacking in occupations or preoccupations may solitarily consume alcohol in excess but avoid any spectacular behavior attributable to drink.

Other types who use alcohol as a partial anesthetic include such figures as O'Malley in Donn Byrne's story,[25] who closes his career as a broken man, wandering from tavern to tavern drinking steadily to excess. A brilliant, able, and charming person in his ordinary life, he submits to this transformation when life holds nothing more for him. His love object, whom he lost because of her being driven to an Anglican nunnery by religious or pseudoreligious manifestations, had come to play so important a part in his life that she could not be replaced. Without her it was a relief for him to avoid full awareness, which he did by drink. He is pictured as a man old before his time, shabby, aimless, slightly intoxicated nearly always, and looking forward to nothing particularly except perhaps death. This, too, is drinking unlike drinking to be gay. It is, however, far from the bellowing, vociferous episodes or the lyings-out of the psychopath. In O'Malley's case the cause of his drinking is readily visible and his choice of a means to an end is not without logic and purpose. There is no effort on O'Malley's part to make himself objectionable to others, to create shocking and fantastic situations. He quietly becomes a drunkard to dull his sorrow and only seeks to be let alone.

The psychopath, then, in my opinion, is something very much more than the ordinarily dissipated or profligate person, even though the latter happens to be extremely injudicious. An important mark of distinction is that the profligate is after what everyone can see is a kind of pleasure, or seeking simple relief from pain we can conceive, while the psychopath seldom drives at anything that looks very much like pleasure or necessary analgesia.

Another type of behavior sometimes confused with the psychopath's life pattern might be represented by the fairly common case of the married man, well established in business and fond of his children, who throws away his security and his respectable position to seek love with some trivial woman who cares nothing for him and on whom he soon throws away what he has. One might say that such a man is rash or even foolish and some may call him depraved. But the appeal which drives him to his folly is one that most normal people have no difficulty in understanding. Love is well known for its power to make even sages give all, and some commitments between man and woman are all but impossible to explain. Such a man gives up all the fruits of his life to fulfill a definite erotic impulse. But the psychopath's impulse is not the result of fatal infatuation, nor is it so well-formulated and comprehensible as the desire of a man for a woman's body.

The wrecked career of the psychopath is sometimes used by reformers and prohibitionists who crusade against alcohol and vice in general as an example of what dissipation will do to those who essay the primrose path. Well-meant though such warnings may be, they are based on a premise which is not too sound. What drives the psychopath on in his career is not in any ordinary sense the love of wine or song or women. Whiskey is sometimes one of his means to an end, and certainly it aids him in his spectacular exploits, but it is not a primary cause in his life scheme. Though many may come to grief in such pursuits, they are scarcely more likely to become psychopaths than they are to become schizophrenics.

> "To drift with every passion till my soul
> Is a stringed lute on which all winds can play,
> Is it for this that I have given away
> Mine ancient wisdom and austere control?
>
> . . . .
>
> "Surely there was a time I might have trod
> The sunlit heights, and from life's dissonance
> Struck one clear chord to reach the ear of God:
> Is that time dead? . . . "*

Such drifting with passions may indeed prevent the development of greatness and cheat the drifter of achievement and of deep happiness. There are many ways in which man can waste his energy, cheapen his emotional powers, and bring about his maladjustment. There are many ways, indeed, by which a man can fall into mental disorder and many types of disorder into which he can fall.[88] Flowers of evil, whether splendid, redolent and darkly glittering, or mediocre, may choke out the blossoms ordinarily considered desirable. But the psychopaths whose stories are offered here do not seem driven wildly and at random by such winds of passion as those referred to in Oscar Wilde's familiar verse, nor is it likely that their souls are played upon like stringed lutes. One may listen indefinitely for the tragico-romantical notes of such a vibration, but he will listen in vain. The winds of passion are blowing almost imperceptibly, if at all, and no strings are in the lute. No vivid *fleurs du mal* will be culled from his garden, for the garden is barren.

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* *Helas,* by Oscar Wilde, from *The Ballad of Reading Goal and Other Poems,* Little Leather Library Corporation, New York.

Chapter 38

THE CLINICAL ALCOHOLIC

(References 104, 194, 204, 205)

THIS term is chosen for convenience to signify the large group of pathologic drinkers who are still making some genuine effort to adjust in normal life but are using drink to escape reality which they cannot quite face and, by a vicious cycle, making themselves steadily more inadequate to face this reality. Such types of maladjustment have been well described by Strecker and Chambers, to whose book the reader is referred.[205]

Such drinkers may, in several respects, be contrasted with the psychopath just as the nonalcoholic neurotic contrasts with the psychotic patient.

Like the psychopath, their drinking is not primarily for pleasure, or has at least ceased to afford much pleasure. They often give a strong impression of drinking to avoid sober self-apprasial or some other aspect of reality. With alcohol they can remain a little more comfortably and longer in the false world of fantasy or in analgesia. They are often introverted people, often tender-minded and shy. Alcohol enables them to be less self-conscious and to make their way with greater ease into the social group. They become more and more disabled for real life, and reverses due directly or indirectly to their alcoholism accumulate, making it ever more urgent for them to escape into the numbness of drink.

To a certain point this picture is not unlike that of the psychopath. Perhaps the psychopath sometimes arrives at his life scheme by way of phases almost identical with that of some neurotic drinkers, and perhaps the neurotic drinker may regress to levels at which he can be plainly recognized as a psychopath. Some of the patients described here as partial psychopaths might be placed by some observers in the class of neurotic drinkers.

For the purpose of drawing a useful distinction, however, the following points are offered:

Often the neurotic drinker wants to get well. This may not be obvious, but with proper psychiatric treatment it may be possible to obtain sincere cooperation. Though the neurotic drinker lacks insight and cannot usually get well by his unaided efforts, he retains a capability of gaining insight, and good improvement is often possible under treatment. The psychopath's actual conduct when drinking, and sometimes when sober, is bizarre, often shameful and shocking, and actively damaging to himself. In the neurotic drinker such tendencies, if present, are much less pronounced.

The neurotic drinker on his spree is unintentionally destroying his chances for success and happiness, but this does not appear to be his fundamental aim; his fundamental aim apparently is to avoid facing his failures. While this aim may be present in the established psychopath, it is not easily or regularly discernible. The latter appears to be driving primarily at evading or destroying life itself, that is to say, life in the sense of social attainments and subjective integration.

Drinkers who can be classed as neurotic show better capacity for insight and may come voluntarily to seek treatment or may be persuaded by relatives to do so. The psychopath will not come voluntarily, except when he seeks hospitalization to avoid legal action, and he cannot be persuaded to carry out sincerely any therapeutic program.

To summarize, then, it may be said that the neurotic drinker is capable of insight and wants to get well. The psychopathologic picture is more readily comprehensible in terms of cause and effect and, under favorable conditions, is perhaps reversible. The psychopath, on the other hand, despite his superficial appearance of being a normal man, shows in his whole behavior pattern deviation and disorder that seems fundamental. His real drives, when one tries to surmise them from his reactions, strike the observer as foreign to ordinary human impulse. The process, if reversible at all, is not ordinarily found to be so. One does not find latent insight that can be aroused or sincere desire to become well or, should one say, to become like other men. I do not mean to state dogmatically that the psychopath's illness is irreversible but merely that in my own experience it has, in typical cases, proved to be so. One may say that the process of schizophrenia as compared with hysteria is relatively less reversible, that it ordinarily brings about a greater and deeper disintegration of the personality. Despite this fact, schizophrenics often recover. Perhaps the psychopath, too, can recover. Perhaps some generally satisfactory means of treating him can be devised.

Taking the group of chronic alcoholics as a whole, we are likely to find here people in whom the excessive drinking is a common symptom of underlying disorders that vary widely in type and in degree somewhat as we might say that fever may arise from a bad cold, measles, pneumonia, tuberculosis, meningitis, and other differing illnesses too numerous to list.

Alcoholics Anonymous,[8] whose excellent work it is appropriate to mention here, has, in my experience with this group as a whole, appeared to be one of the most valuable therapeutic agencies available. Many gravely maladjusted patients in whom alcoholism was at the same time a disabling symptom and a secondary but major causal agent in disastrous life patterns have, through this agency and its program, made changes and progress that, with no exaggeration, can be called remarkable. Some patients whose behavior and emotional attitudes definitely suggested the psychopath's disorder have to my knowledge not only avoided for years the disabling effects of their former drunkenness but also other unrewarding and antisocial activities. Whether or not these were psychopaths in the full and deepest sense, is not a question that can be answered confidently.

It is my belief that this type of disorder, like all other psychiatric disorders, may be seen in almost limitless variations of degree and severity. We see the utterly disorganized schizophrenic who has for twenty years been on the worst ward of a state hospital, and we also see schizoid reactions and limitations that persist for decades in people who continue self-supporting and to a considerable degree socially competent. I recall one patient who has expressed to me delusions typical of full-blown schizophrenia over some years and who is still an able worker with many pleasant social relations and recreational activities. Many more come to mind whose delusions are less extreme but who for decades have manifested autistic withdrawal, oddities, emotional distortions, and impairments consistent only with a schizoid reaction.

We also see manifestations identical with those of full-blown schizophrenia (with dementia praecox!) in every respect except their transiency. A man of thirty, who, after taking a small dose of testosterone, experienced not only hallucinatory sexual and spiritual sensations within himself but also in others, will serve as an excellent example. Vivid delusions were very prominent for approximately a week. These included an absolute conviction that all virtuous women, at the mere sight of him, caught the impact of magic, glowed with a fire both erotic and holy, and were visibly transformed. It was also his belief that this caused harlots, who might sense his powers a block off, to run up alleyways in shame.

For several days, through false perceptions, he specifically "felt" men and women some miles away responding viscerally, intellectually, and spiritually, and in diverse ways, to what had miraculously become incarnate in his person. After being psychotic for a week and without specific treatment, he regained insight, lost his schizophrenic symptoms, and has for a number of years remained entirely free of them.

In the other disorder, that of the psychopath, I believe there also occur similar variations in chronicity, in severity, in completeness, in depth, and in every other respect. Though malignancy and irreversibility seem typical of the psychopathology as we meet it clinically in its advanced or long-fixed forms, outwardly similar behavioral and characterologic patterns sometimes prove reversible.* Few, if any, features of the full psychopath are more impressive than his inability to respond with consistent acts or in other ways that would indicate deep or genuine desire to change his situation. In opportunities for psychoanalysis† as well as for other therapeutic programs, it is characteristic of him not to make valid or persistent efforts to cooperate. In their relations with Alcoholics Anonymous, psychopaths sometimes show at first what seems extraordinary zeal, sincerity, and promise, only for it to become evident over varying intervals that the whole matter was only a sort of prank or lightly taken adventure in versatile careers of self-ruin.

Fundamental points in the Alcoholics Anoymous system of group therapy and self-reorganization are:

1. The need for a most profound intention (an authentic and major desire) to overcome one's disability.
2. The necessity for extensive and basic changes in attitude and orientation at the core of the personality.

At both of these points we find in the full psychopath an almost uniquely unfavorable situation. Though I know of nothing available today that can be counted on to succeed regularly, the evidence has suggested that Alcoholics Anonymous may in some cases affect favorably latent resources very difficult to reach by most methods in patients showing reactions that may have much in common with those of the typical psychopath.‡

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* Pages 294 to 315.

† This opinion is expressed on the basis of psychopaths whom I have referred to analysts.

‡ See appendix C., pages 550 to 551, for a brief discussion of so-called "whiskey cures."

Chapter 39

THE MALINGERER

(Reference 106)

THE malingerer, so far as his relation to the psychopath is concerned, may be dismissed with a few words. Many psychopaths malinger at times. They seldom malinger consistently over long periods toward a constant aim. The malingerer pure and simple sticks to his purpose and on gaining his objective uses it in some fairly human way. Malingering is merely an incident in the psychopath's versatile career. Even if he should succeed in obtaining a large fortune by efforts at malingering, he will not be able to use it consistently or to keep out of subsequent difficulty. No life of ease and riches could tempt him from his well-known ways.

Perhaps the chief occasions for malingering by psychopaths are when they have not otherwise succeeded in escaping the consequences of antisocial deeds and, faced by the prospect of confinement in prison or other unwelcome measures, feel it would be well to simulate some other mental disorder that will get them to a hospital instead. Any psychopath of much experience in this field is entirely aware of the fact that he will soon be recognized at the psychiatric institution, correctly diagnosed, and, under prevailing conditions, be dismissed without much delay. If circumstances are unusual and the hospital, in recognition of the patient's thoroughly demonstrated disability, attempts a practical solution by keeping him under supervision and care, he can nearly always take legal steps to effect his release and return to the community and to his old disquieting activities.

Theoretically this should not occur, since it would seem logical and according to law for the psychopath on being pronounced competent and free of mental disability, to fall again under ordinary legal restraints. In fact, this is not what usually occurs. Often the specific charges against the patient are relatively minor and during the feint whereby he is hospitalized some adjustment is made so that he is brought back into the community entirely free from any restraining influence.

Chapter 40

FICTIONAL CHARACTERS OF PSYCHIATRIC INTEREST

CHARACTERS from literature, one may object, not being real people, are therefore of no value in the discussion of a medical problem. It can, however, scarcely be doubted that the genuinely creative writers have often presented personalities more fully and more truly than we can readily get to know them in life. And sometimes minor writers succeed in portraying personalities that we feel are reliably true. The characters of the novelist and the dramatist are, furthermore, accessible to all who care to read about them, unlike the patient whom we have seen and studied but cannot present personally to the reader. For the purpose of this discussion we feel that several points can be made by citing fictional characters, some of whom we believe have been no less faithfully drawn than patients reported in psychiatric examinations. Whether real people exist like them or not is beside the point, since we do not mean to use them as evidence to establish any conceptions of psychopathology but to illustrate personality reactions, whether real or imaginary, which we shall attempt to relate to the reactions considered in this volume.

Those who spend their lives in serious effort to put down in various forms a reflection of their human experience must sometimes encounter the psychopath or at least fragments of such behavior, hints of such an attitude. Abstruse and complex psychopathologic features of many types have for centuries emerged in literary creations and seem to emerge sometimes through an inexplicable insight of the poet, novelist or dramatist, who, by his special talent, may successfully convey what he has accurately sensed in the life about him. What he senses may not be discernible to many and it may be most difficult to convey by the direct textbook methods. The possibility of help from this source in efforts to gain understanding of the by no means simple riddle of the psychopath is a possibility that should not be rejected.

Certain personalities have been described and perhaps exist in actual life, who, unlike the ordinary criminal, seem to live by hate and cherish destructiveness not so much to gain power or material benefits but because they grow to love hate and destructiveness. The character Heathcliffe as presented in *Wuthering Heights*[21] might be chosen as a puzzling example of misanthropy, ruthlessness, and maladjustment which has little in common with ordinary viciousness. Heathcliffe works to destroy others and to destroy what is generally regarded as happiness for himself as well. He unquestionably falls within the scope of psychopathology, a strange, terrible, and compelling figure. But he has little specific kinship with the personalities discussed here. He is strong; he is persistent; his emotion, however distorted, appears greater far than that of the average man. He never loses his imposing dignity, even though this dignity might be regarded as a dignity of evil. He remains integrated, not only superficially but profoundly. The personalities described here, in contrast, show no consistent pursuit of what might be called evil; their exploits are fitful, buffoonish, and unsustained by any obvious purpose. Hatred of others is not a guiding line in their life scheme. And in Heathcliffe we find evidence of more than ordinary love for Kathy, of love that appears to be genuine and changeless despite the fact that it is a major factor behind his destructiveness.

It is not common to find in literature characters that could be grouped with the cases studied here. Creative artists have often presented the villain, the psychotic, the psychoneurotic, the erratic genius, the weak, the strong, the wise, and the stupid; but we seldom find in imaginative writing anyone who could fit the picture which emerges as we consider the histories in this volume. Often, however, we find characters who in some aspect or in some phase of their activities suggest what we have seen in the psychopath, and we find others no less abnormal whose qualities may be used in contrast.

Iago,[17, 54, 186] perhaps the most interesting and ingenious creation of vindictiveness known to man, carries out his schemes of hate and treachery without adequate motivation in the ordinary sense. In *King Lear* the cruelty of Edmund,[187] bastard son of Gloucester, is plainly pathologic. Herr Naphta[133] in *The Magic Mountain,* though a professional Christian in holy orders, is addicted to destructiveness despite his great intellectual powers. All these characters are consistent, effective, and, despite their interesting psychiatric aspects, remote from the psychopath.

Mr. Micawber[47] and Tolstoi's Stepan Arkadyevitch Oblonsky[209] are convincing examples of people who do not seem to learn by experience and who cannot, in important matters, be relied on by others. But neither shows the active pattern of self-defeat with which we are familiar. Both seem to represent ordinary human frailties that are much exaggerated. Falstaff indulges in outlandish excesses with sack, falls into humiliating situations repeatedly without evincing ordinary shame, and shows himself callous to the appeal of dignity and honor. Yet we sense in him a strong tide of normal life, some Rabelaisian gusto, which makes his follies stand out in sharp contrast to the activities of the psychopath. He is bent on animal pleasure and coarse merriment whatever they may cost. We can understanding him whether we should like to emulate him or not.[188]

Mr. Burlap in Aldous Huxley's *Point Counter Point*[98] is presented as a pious lecher, a literary windbag, and a hypocritical opportunist. He impresses the average reader as a most unpleasant personality, and he is portrayed as lacking many of the emotional capacities which the psychopath also lacks. His opportunism works to his material advantage, and he is steady in his aims and in his progress. However inconsistent or hypocritical his affect, it seems more real than what we see in the psychopath. In the same novel we find, in Maurice Spandrell, a man who seems to love cruelty and to love it best in its most unpleasant forms. Despite his inexcusable practices we feel in him extraordinary emotional richness and a peculiar but impressive latent integrity which are in contrast to the cold-bloodedness and viciousness appearing in his outer life. It is plain that a personality disorder exists but it is not the type of disorder with which we are here concerned.

Dostoevski's Prince Myshkin in *The Idiot,*[50] a person of great wisdom and spiritual insight, yet eccentric and in some ways inadequate, might be called a psychopath by writers who use this term for maladjusted or uneven geniuses. He is, however, a person who feels more profoundly than the ordinary man the very aspects of life to which our patients are numb.

In the figure of Zuleika Dobson, Max Beerbohm gives an impression not so much of indicating a personality, even in caricature, as of lightly embodying his fantasy. This wraithlike figment is used to suggest a carelessness about the fate of others, a preoccupation with trivialities, an absolute and mysterious incapacity for serious emotion that, in a way both outlandish and whimsical, echoes something of the psychopath. She does not, however, manipulate the situation so as to defeat her own conscious aims.[12]

Peer Gynt,[99] though he, too, belongs perhaps in Elfland and very little in the ordinary world, shows a capacity for spiritual failure, an almost perverse unreliability, an insouciance in self-frustration, that suggest a translation of our problem, or some aspect of it, into poetry.

The children presented by Richard Hughes in *A High Wind In Jamaica*[94] and the very different children Henry James gives us in *The Turn of the Screw,*[102] suggest an incapacity for normal feeling, an unaltered, subtle, and sinister resistance to human approach that one might compare to the callousness of the psychopath. Both authors seem to be more concerned with general aspects of life or of evil, however, than with a personality disorder.

Ferenc Molnar's *Liliom,*[157] an altogether astonishing character to the average [illegible] theater-goer, fails all who trust him and fails himself with the prodigious consistency of a real psychopath. His final manifestation of the old inadequacy, even after being brought back from the [illegible] to earth, really suggests that the dramatist may have had in mind something like the psychopath as we know him. His power to [illegible] inalienable devotion in women is also as impressive as what [illegible] in real patients. Liliom's suicide, his capacity to admit his [illegible] with what impresses one as a measure of sincerity, his [illegible] his depicted strength and fearlessness, all stand out in contrast, however, to the personality patterns we are discussing here.

In Proust's *Remembrance of Things Past,* the Baron de Charlus,[176] a masterpiece of psychopathology no less than of literary creation, would, of course, be classed as a psychopath in the broad and orthodox meaning of the term. This most imposing and vivid character shows not only homosexuality but a taste for flagellation and other deviations of the sexual impulse, and shows them as they can seldom be appreciated from the reading of textbooks. There is much about Charlus that might lead one to believe he also shares in some measure the special disorder that we treat here. He seems to care little for the rights of others or for their suffering.

He is found repeatedly in fantastic and shameful situations. Much of his abnormal behavior becomes more comprehensible, however, once we grant the authenticity of his abnormal sexual cravings. There are indications of a real learning and a more nearly sincere culture than in the personalities we describe here. A paradoxical and fragmentary but not totally false dignity in his living contrasts with their great lack in this respect.

Charlus might justifiably be classed as a partial psychopath, at least. As in some psychopaths seen clinically, he has specific sex deviations which are basic (as contrasted with incidental careless acts of perversion) and which readily account for much of his folly. This figure is depicted as surpassingly haughty in cultural and social aloofness, as a super-esthete who aggressively represents almost an apotheosis of the secondary defensive reactions pointed out as typical of the real homosexual by Greenspan and Campbell.[77]

Such a figure as Jondrette (or Thenardier), of *Les Miserables,*[95] shows petty opportunism, little ability to profit by mistakes, an extreme degree of selfishness, a talent for failure. Though these are superficially suggestive of our material, we feel that Jondrette and others like him are conceived as rascals with a better organized antisocial revolt than what is seen in the psychopath. Svidrigailov, in *Crime and Punishment,*[51] is more strange than Jondrette, and appears for a time entirely callous to such feelings as pity or pride. He finally shows a magnanimity that distinguishes him from our subject.[52]

Many female characters have been presented by novelists and dramatists as astonishingly faithless and astonishingly deficient in the stronger, richer emotions. In some of these the spiritual limitation appears to be absolute and unchangeable. Nina Leeds,[163] of Eugene O'Neill's *Strange Interlude* was regarded by some critics as shameless, immoral, and self-seeking to an extreme degree. The still celebrated Scarlett O'Hara in *Gone With the Wind,*[156] in some contrast to Nina, fails regularly to respond to sincere emotion in her lovers, and pursues above all aims that are fundamentally egocentric and trivial. Nina Leeds, however, seems capable of real feeling toward her first lover and her reactions after his death, all of which are based on strong emotional drives, can be understood without assuming such a type of disorder as we shall postulate in the psychopath. In fact, she shows very little in common with such a disorder.

Scarlett O'Hara, in my opinion, is a very convincing figure and really shows some of the emotional impoverishment described here in the cases presented as partial psychopaths. Her incapacity for a major object-love is apparently unmodifiable; her egocentricity is basic. She seems to be without any means of understanding the strong emotions in those about her or of having any awareness of what makes them act when they act in acordance with principles they value. Unlike the complete psychopath, she successfully pursues ends that lead to her material well-being and she avoids putting herself in positions of obvious folly and shame. One feels, however, an inward hollowness and a serious lack of insight.

An interesting feature of *Gone With the Wind* and one that illuminates an important distinguishing characteristic of the psychopath can be found in a comparison between Scarlett O'Hara and Captain Rhett Butler. Though the captain's conduct is often at variance with most ethical standards, though he evades joining wholeheartedly in the war effort and even seeks to gain personal profit through complications of the war, he can hardly fail to give readers the impression of a man warmly and deeply human. If one were to add up his objective misdemeanors and other bits of wrong-doing and balance them against Scarlett's actions in the book, it is possible that his score would be technically worse, that he would be more liable to legal action and social censure.

Scarlett, as a matter of fact, is kind in the shallower ranges of feeling, rather consistently considerate about all matters except the most vital. The real contrast becomes clear when fundamental personal issues are at stake. Here Captain Butler's nuclear integrity, his valid reactions of love and compassion, are communicated not so much by narration and exposition or by what he directly says as in small reflections of his essential personality that cumulatively reveal him.

It might be argued that of the two, Scarlett, as depicted in the novel, is on the whole a more conforming person, one who can better avoid conduct which will bring about social retaliation. Without attempting a judgment based on ethical absolutes, which is not our province here, one can still feel a significant contrast between what appears to be the inmost core of each. As indicated above, the fictional Scarlett O'Hara would be a poor representative of the clinical psychopath, but limitations in her personality so effectively brought out in the novel seem closely related in quality to the more disabling deficit we believe is fundamental in the enigmatic disorder.

Anyone concerned at all with psychiatry is likely to find in Jenny Hager Poster Evred of *The Strange Woman* (Ben Ames Williams)[220] detail and concreteness familiar in the direct study of patients but hard to put into medical histories. In that she does not respect the rights of others and particularly in that she reacts in anything but a normal way in the deepest personal relations, Jenny might be proclaimed a psychopath whose deviation is extraordinarily complete. Sharply distinguishing points emerge when we consider the persistent purposiveness, the strong and sustained malice with which this woman works to destroy all happiness for children, husbands, and paramours. A conscious brutality prevails. Destructive impulses are directed by open hate. In contrast with this picture of a well-organized paranoid life scheme we find the typical psychopath not consistently seeking to inflict major disaster on anyone. More characteristic is the psychopath's pettiness and transiency of affect (both positive and negative), his failure to follow a long-range plan, either for good or for evil. The emotional damage he may (and often does) inflict on mate, parents, children, etc., is not, it seems, inflicted for any major voluntary purpose, or from a well-focused motive, but from what weighs in at little more than whim or caprice. He does not seem to intend much harm. In the disaster he brings about he cannot estimate the affective reactions of others which are the substance of the disaster. A race of men congenitally without pain sense would not find it easy to estimate the effects of physical torture on others. A man who had never understood visual experience would lack appreciation of what is sustained when the ordinary person loses his eyes.

In contrast to anything of this sort, Jenny shows a rather accurate awareness of how it is going to hurt as she skillfully, and in response to consistent impulse, pursues her plans. All this is very typical of severe paranoid reactions seen clinically. Jenny is also depicted as having components of overt sadomasochistic deviation. Elements of callousness (from incomplete comprehension) are probably necessary for such reactions. Followed far enough inside the surface of action and consciousness, such callousness might be found based on similar pathology to that which constitutes the psychopath's basic incompleteness. As clinical pictures, nevertheless, there is more to contrast than to identify the two life schemes.

To illustrate a feature of what we shall subsequently try to formulate as the psychopath's real underlying condition, the remarkable character of Adrian Harley in George Meredith's *The Ordeal of Richard Feveral*[149] offers an excellent example. This "wise young man" makes a very successful and comfortable adjustment to life in its exterior aspect. He is, of course, no psychopath in the full sense as this disorder is described here. He is a most shrewd, urbane, and learned person. His learning is, furthermore, in the humanities. Yet his incapacity to feel the actual living, the tragedy and joy that are so real to Richard and to Lucy Desborough, is absolute. He does not apparently intend to be cruel but, because of a particular blindness, his shrewdness is used consistently to bring about disaster. He is entirely without insight and remains unable to see that he has seriously damaged others. No schizophrenic could be less cognizant of what existence means to Richard and Lucy as he stands with them on a terrace in the Isle of Wight chanting Greek hexameters into the sunset.[150] If we consider such an emotional limitation as that seen in Scarlett O'Hara or in Adrian Harley as similar to what we see in the psychopath, we must admit that many persons regarded as normal show less marked limitations of the same sort. This, we believe, is entirely true, just as many ordinary persons are slightly schizoid or slightly cyclothymic.

In literature of recent decades such characters as Jeeter Lester of *Tobacco Road* (Erskine Caldwell)[26] and Pop-Eye (*Sanctuary,* by William Faulkner)[61] deserve brief consideration. The first of these seems to learn little indeed by experience. He is callous to many situations involving himself and others that the ordinary man could scarcely bear. Jeeter Lester impresses me, however, as very little akin to the psychopath. His shiftlessness and resignation are entirely passive. He is to some extent a natural victim of his surroundings. He shows no active drive toward such folly and failure as lure the psychopath, but merely an aimless drifting. He is somehow warm with humanity.

The other figure, Pop-Eye, is depicted as a malign and vindictive man who pursues criminal aims successfully though somewhat peculiarly. His delight in watching the girl he has chosen ravished by another is extraordinary in the annals of orthodox criminal taste but is comprehensible in terms of voyeurism and masochism and especially in view of his own sexual impotence. An incompletely overt homosexuality is perhaps even more strongly contributory to this choice of role. Though there are features in common, he does not belong among the personalities discussed here.

In Don Birnam, hero of *The Lost Week-End* (Charles Jackson),[101] we find a psychiatric presentation of remarkable force. Beneath the surface of alcoholic addiction, very complicated and subtly distorted causal factors reveal themselves. Eventually a picture emerges in which important features of the psychopath are discernible. There are also contrasts. In Birnam awareness of major frustration is more clear, anxiety and despair are not successfully avoided. What has happened and is still happening is bizarre and terrifying to the subject since he retains some important degree of insight. When measured against the typical psychopath, this rather remarkable fictional creation suggests another comparison.

Several times recently patients in early, incomplete schizophrenic reactions have impressed me with varying degrees of ability to see or sense the strangeness and gravity of the processes operant within themselves. In sharp contrast to the ordinary patient with schizophrenia, in whom unawareness and indifference characterize the subject's attitude to all that is so obviously grotesque or tragic to the observer, these patients reacted to some degree as if with the fear, bewilderment, and horror that might be expected in one who recognizes such changes as occurring to himself. Many schizophrenics may show anxiety, alarm, and other strong affective reactions toward other matters, particularly toward delusional projections. This very different atypical residue of insight struck me not only as a somewhat unusual feature but as one affording the observer an unusual viewpoint, the viewpoint of seeing, to some degree, this indescribable process through the eyes of the subject. Ordinarily the disintegration in schizophrenia is such, in specific quality if not in degree, that he does not see the changes in himself with sufficient accuracy to react to them vividly or with anything like the reactions of an ordinary person.

In Don Birnam a good many things are revealed as within or near his own comprehension which suggest what may lie beneath the reactive patterns of the psychopath, but so far beneath that the typical psychopath is unaware of them and consciously indifferent. The observer also has peculiar difficulty in gaining direct access to what is beneath. Perhaps, as has been suggested, this is because those abilities of the personality whereby it can give access (including unconscious and involuntary abilities) are too severely damaged.

Though one may not be justified in giving the unqualified diagnosis to this marvelously interesting fictional patient, it is undeniable that he shows, very convincingly, important features of the psychopath.

A literary creation who impresses me as remarkably like a psychopath in the full sense is Dostoievski's senior Karamazov,[58] father of the wonderful and puzzling brothers who themselves offer so much of interest to the psychiatrist. The elder Karamazov is not only free from major human feelings, but he also drives actively at folly. He shows a greedy relish for the very sort of buffoonery and high-jinks that the psychopath seeks. He has no regard apparently for consequences and cannot be persuaded by reason or appealed to by sentiment. He appears superficially to be a man of strong passions but, in my opinion, this is only an appearance. He does not pursue selfish or vicious ways consistently in the aim of self-interest. He immerses himself in indignity for its own sake. He does outrageous things, especially to his son Dimitri, yet he scarcely seems, to a psychiatrist at any rate, vindictive or cruel in the ordinary lay sense.

The personality and behavior of Mildred as she appears in *Of Human Bondage* (Somerset Maugham)[141] also have features that are difficult to reconcile with anything except this disorder, and this disorder in a serious degree. To petty, affective promptings this girl responds appropriately as a rule. All the stimuli that in the normal evoke serious and lasting responses she perceives little more than a blind man perceives the sunset. Her positive responses to the trivial, the cheap, and the vulgar are understandable in view of the affective limitations so memorably revealed. It is not through savage and violent impulses that she mangles or destroys, but because only mild affect is necessary for action when the larger emotional consequences are invisible. They are invisible not through lack of rational foresight but through specific and more profound defects of evaluation. It is not at all necessary to assume genuine cruelty of any magnitude in Mildred as she reviles the man who has so convincingly demonstrated love for her and whom she wounds as only he could be wounded by the final epithet—*cripple.* So far as she can tell, she is doing little more than what anybody might do if moderately irked.

Like the full psychopath, Mildred cannot continue to provide successfully for her material needs. Unlike what is typical, she does not appear to be especially clever or to have great superficial charm and promise. Nevertheless, she illustrates, perhaps even more accurately than Karamazov the father, what seems to be most fundamental in our subject.

I have never seen in fiction so complete and so faithful a portrayal of the psychopath as in the character, Rags, in *The Story of Mrs. Murphy* (Natalie Anderson Scott).[185] No attempt is made to explain why this man behaves as he does. But he is revealed, not by efforts at description and exposition, but with memorable fidelity in the concrete rendering of his behavior. The author of this book understands something fundamental about the true psychopath that often is notably lacking in textbook accounts. This is communicated in a form singularly effective and worthy of scrupulous attention.

PART 3

A Clinical Profile

Chapter 41

SYNOPSIS AND ORIENTATION

IN an earlier chapter it was noted that an attempt would be made to follow the general methods of science. Let us stop for a moment to orient ourselves. In Section 2 some examples of the material were offered and certain observations recorded. In the preceding parts of this section an effort was made to consider traditional concepts of our problem and to differentiate broadly the subject of our study from certain other personality reactions. These may be regarded as preliminary steps in the process of sifting and arranging our observations into some sort of order for the purpose of giving them, as much as possible, distinct and comprehensible form. To take another step in this process let us now attempt to put down in more concise statement the general facts of behavior and appearances of emotion and purpose which emerge from our recorded observations and which appear to be common qualities of the group in question.

Before going on to the perhaps still unanswerable questions of why the psychopath behaves as he does or of how he comes to follow such a life scheme, let us, as suggested above, attempt to say what the psychopath is in terms of his actions and his apparent intentions, so that we may recognize him readily and distinguish him from others.

We shall list the characteristic points that have emerged and then discuss them in order:

1. Superficial charm and good "intelligence."
2. Absence of delusions and other signs of irrational "thinking."

3. Absence of "nervousness" or psychoneurotic manifestations.
4. Unreliability.
5. Untruthfulness and insincerity.
6. Lack of remorse or shame.
7. Inadequately motivated antisocial behavior.
8. Poor judgment and failure to learn by experience.
9. Pathologic egocentricity and incapacity for love.
10. General poverty in major affective reactions.
11. Specific loss of insight.
12. Unresponsiveness in general interpersonal relations.
13. Fantastic and uninviting behavior, with drink and sometimes without.
14. Suicide rarely carried out.
15. Sex life impersonal, trivial, and poorly integrated.
16. Failure to follow any life plan.

Chapter 42

1. SUPERFICIAL CHARM AND GOOD "INTELLIGENCE"

MORE often than not such a person will seem particularly agreeable and make a distinctly positive impression when one first meets him. Alert and friendly in his attitude, he is easy to talk with and seems to have a good many genuine interests. There is nothing at all odd or queer about him, and in every respect he tends to embody the concept of a well-adjusted, happy person. Nor does he, on the other hand, seem to be artificially exerting himself like one who is covering up or who wants to sell you a bill of goods. He would seldom be confused with the professional back-slapper or someone who is trying to ingratiate himself for a concealed purpose. Signs of affectation or excessive affability are not characteristic. He looks like the real thing.

Very often indications of good sense and sound reasoning will emerge and one is likely to feel soon after meeting him that this normal and pleasant person is also one with high abilities. Psychometric tests also very frequently show him of superior intelligence. More than the average person, he is likely to seem free from social or emotional impediments, from the minor distortions, peculiarities, and awkwardnesses so common even among the successful. Such superficial characteristics are not universal in this group but they are very common.

Chapter 43

2. ABSENCE OF DELUSIONS AND OTHER SIGNS OF IRRATIONAL THINKING

THE so-called psychopath is ordinarily free from signs or symptoms traditionally regarded as evidence of a psychosis. He does not hear voices. Genuine delusions cannot be demonstrated. There is no valid depression, consistent pathologic elevation of mood, or irresistible pressure of activity. Outer perceptual reality is accurately recognized, social values and generally accredited personal standards are accepted verbally. Excellent logical reasoning is maintained and, in theory, the patient can foresee the consequences of injudicious or antisocial acts, outline acceptable or admirable plans of life, and ably criticize in words his former mistakes. The results of direct psychiatric examination disclose nothing pathologic, nothing that would indicate incompetency or that would arouse suspicion that such a man could not lead a successful and happy life.

Chapter 44

3. ABSENCE OF "NERVOUSNESS" OR PSYCHONEUROTIC MANIFESTATIONS

THERE are usually no symptoms to suggest a psychoneurosis in the clinical sense. In fact, the psychopath is nearly always free from minor reactions popularly regarded as "neurotic" or as constituting "nervousness." The chief criteria whereby a diagnosis of hysteria, obsessive-compulsive disorder, anxiety state, "neurasthenia," etc., might be made do not apply to him. It is highly typical for him not only to escape the abnormal anxiety and tension fundamentally characteristic of this whole diagnostic group but also to show a relative immunity from such anxiety and worry as might be judged normal or appropriate in disturbing situations. Regularly we find in him extraordinary poise rather than jitteriness or worry, a smooth sense of physical well-being instead of uneasy preoccupation with bodily functions. Even under concrete circumstances that would for the ordinary person cause embarrassment, confusion, acute insecurity, or visible agitation, his relative serenity is likely to be noteworthy.

Chapter 45

4. UNRELIABILITY

THOUGH he may give an early impression of being a thoroughly reliable person, it will soon be found that on many occasions he shows no sense of responsibility whatsoever. No matter how binding the obligation, how urgent the circumstances, or how important the matter, this holds good. Furthermore, the question of whether or not he is to be confronted with his failure or his disloyalty and called to account for it appears to have little effect on his attitude.

If such failures occurred uniformly and immediately, others would soon learn not to rely upon psychopaths or to be surprised at their conduct. It is, however, characteristic for them during some periods to show up regularly at work, to meet their financial obligations, to ignore an opportunity to steal. They may apply their excellent abilities in business or in study for a week, for months, or even for a year or more, and thereby gain potential security, win a scholarship, be acclaimed top salesman or elected president of a social club or perhaps of a school honor society. Not all checks given by psychopaths bounce, not all promises are uniformly ignored. They do not necessarily land in jail every day (or every month) or seek to cheat someone else during every transaction. If so, it would be much simplier to deal with them. This transiently (but often convincingly) demonstrated ability to succeed in business and in all objective affairs makes failures more disturbing to those about them.

It cannot, furthermore, be predicted how long effective and socially acceptable conduct will prevail or precisely when (or in what manner) dishonest, outlandish, or disastrously irresponsible acts or failures to act will occur. These seem to have little or no relation to objective stress, to cyclic periods, or to major alterations of mood or outlook. What is at stake for the patient, for his family, or for anybody else, is not a regularly determining factor. At the crest of success in his work he may forge a small check, indulge in petty thievery, or simply not come to the office. After a period of gracious and apparently happy relations with his family he may pick a quarrel with his wife, cuff her up a bit, drive her from the house, and then throw a glass of iced-tea in the face of his three-year-old son. For the initiation of such outbursts he does not, it seems, need any great anger. Moderate vexation usually suffices.

The psychopath's unreliability and his disregard for obligations and for consequences are manifested in both trivial and serious matters, are masked by demonstrations of conforming behavior, and cannot be accounted for by ordinary motives or incentives. Though one can confidently predict that his failures and disloyalties will continue, it is impossible to time them and to take satisfactory precautions against their effect. Here, it might be said, is not even a consistency in inconsistency but an inconsistency in inconsistency.

Chapter 46

5. UNTRUTHFULNESS AND INSINCERITY

HE shows a total disregard for truth and is to be trusted no more in his accounts of the past than in his promises for the future or his statement of present intentions. One gets the impression that he is incapable of ever attaining realistic comprehension of an attitude in other people which causes them to value truth and cherish truthfulness in themselves.

Typically he is at ease and unpretentious in making a serious promise or in (falsely) exculpating himself from accusations, whether grave or trivial. His simple statement in such matters carries special powers of conviction. Over-emphasis, obvious glibness, and other traditional signs of the clever liar do not show in his words or in his manner. Whether there is reasonable chance for him to get away with the fraud or whether certain and easily forseen detection is at hand, he is apparently unperturbed and does the same impressive job. Candor and trustworthiness seem implict in him at such times. During the most solemn perjuries he has no difficulty at all in looking anyone tranquilly in the eyes. Though he will lie about any matter, under any circumstances, and often for no good reason, he may, on the contrary, sometimes own up to his errors (usually when detection is certain) and appear to be facing the consequences with singular honesty, fortitude, and manliness.

It is indeed difficult to express how thoroughly straightforward some typical psychopaths can appear. They are disarming not only to those unfamiliar with such patients but often to people who know well from experience their convincing outer aspect of honesty. A saying current among psychiatric residents, secretaries, medical associates, and others familiar with what goes on in my office may illustrate this point. The saying is in substance that excellent evidence for the diagnosis of psychopathic personality can be found in my own response to newcomers who seek to borrow money or cash checks. It is rather generally believed that only psychopaths are successful and that in typical cases success is inevitable. Though I argue that some exaggeration has perhaps colored this story and overemphasized the infallibility of my reaction as a test, I must admit there is much truth in the matter. Even after so many years of special interest in the subject, I am forced to confess that more than once in the last few months observers have had the opportunity to make a snap diagnosis from my response to this sort of appeal and see it gain full confirmation in subsequent events. I might add that no such loan has ever been repaid, that all such checks have bounced.

After being caught in shameful and gross falsehoods, after repeatedly violating his most earnest pledges, he finds it easy, when another occasion arises, to speak of his *word of honor,* his *honor as a gentleman,* and he shows surprise and vexation when commitments on such a basis do not immediately settle the issue.

The conception of living up to his word seems, in fact, to be regarded as little more than a phrase sometimes useful to avoid unpleasantness or to gain other ends. How inadequate such ends may be to account for the psychopath's neglect of truth can be shown in a brief example:

In a letter to his wife, at last seeking divorce and in another city, one patient, after setting down dignified, fair appraisals of the situation and referring to sensible plans he had outlined for her security, added that specified insurance policies and annuities providing for the three children (including their tuition at college, etc.) had been mailed under separate cover and would, if she had not already received them, soon be in her hands. He had not taken a step to obtain insurance, or to make any other provision, and, apparently, once he had made these statements in his letter gave the matter no further thought.

Chapter 47

6. LACK OF REMORSE OR SHAME

HE apparently cannot accept substantial blame for the various misfortunes which befall him and which he brings down upon others. Usually he denies emphatically all responsibility and directly accuses others as responsible, but often he will go through an idle ritual of saying that much of his trouble is his own fault. When the latter course is adopted, subsequent events indicate that it is empty of sincerity—a hollow and casual form as little felt as the literal implications of "your humble and obedient servant" are actually felt by one who closes a letter with such a phrase. Though his behavior shows reactions of this sort to be perfunctory, this is seldom apparent in his manner. This is exceedingly deceptive and is very likely to promote confidence and deep trust. More detailed questioning about just what he blames himself for, and why, may show that a serious attitude is not only absent but altogether inconceivable to him. If this fails, his own actions will soon clarify the issue.

Whether judged in the light of his conduct, of his attitude, or of material elicited in psychiatric examination, he shows almost no sense of shame. His career is always full of exploits, any one of which would wither even a rather callous specimen of the ordinary man. Yet he does not, despite his able protestations, show the slightest evidence of major humiliation or regret. This is true of matters pertaining to his personal and selfish pride and to esthetic standards that he avows as well as to moral or humanitarian matters. If Santayana is correct in saying that, "perhaps the true dignity of man is his ability to despise himself," the psychopath is without a means to acquire true dignity.

Chapter 48

7. INADEQUATELY MOTIVATED ANTI-SOCIAL BEHAVIOR

NOT only is he undependable, but also in more active ways he cheats, deserts, annoys, brawls, fails and lies without any apparent compunction. He will commit theft, forgery, adultery, fraud, and other deeds for astonishingly small stakes and under much greater risks of being discovered than will the ordinary scoundrel. He will, in fact, commit such deeds in the absence of any apparent goal at all.

Yet we do not find the regularity and specificity in his behavior that is apparent in what is often called compulsive stealing or other socially destructive actions carried out under extraordinary pressures which the subject, in varying degrees, struggles against. Such activities, and all disorder distinguished by some as impulse neurosis,[62] as we have mentioned, probably have important features in common with the psychopath's disorder. In contrast, his antisocial and self-defeating deeds are not circumscribed (as in pyromania, kleptomania, etc.) and he shows little or no evidence of the conscious conflict or the subsequent regret that are not regularly absent in these other manifestations. Again the comparison of a circumscribed dissociation typical of hysteria with the general ego disintegration of schizophrenia may be usefully cited.

Objective stimuli (value of the object, specific conscious need, etc.) are, as in compulsive (or impulsive) stealing, inadequate to account for the psychopath's acts. Evidence of any vividly felt urge symbolizing a disguised but specifically channelized, instinctive drive, is not readily available in the psychopath's wide range of inappropriate and self-defeating behavior. This is not to say that his acts do not have (unconscious) purpose or that psychopathologic causal factors do not exist. It seems to me probable that there is such dynamic cause and purpose. The point to be made here is that (granting such psychopathology) it must in the psychopath be far more complex, extensive, deeply rooted, and less resisted. Another analogy may clarify this point. In classical obsessive neurosis the patient recognizes his recurrent thoughts (that he has harmed a love object) as nonfactual (perhaps absurd) and struggles with them in fear and anxiety. The schizophrenic accepts delusions as reality and, with little or no struggle or effort at rejection, may act upon them inappropriately or destructively.

Two incidents in typical cases are offered:

1. This boy of eighteen often stole objects for which he had some use, but stealing was not a dominant feature in his almost universally manifested maladjustment. Drifting one day into church, he chose to remain after services and speak personally with the clergyman. As might be expected, he made a profound impression and, spontaneously professing conversion, brought justifiable pride to the latter. Though disappointed because this new religious attitude did not curtail the boy in his flagrant truancy, his desultory cheating in examinations, lying, etc., the clergyman worked hopefully and assiduously with him. On one occasion, after hanging around juke-joints and street corners until 3 A.M., he explained his tardiness to his parents in a vivid account of having been injured while wrestling at the school gymnasium. He had, he explained to them, spit up blood and so was taken in an ambulance to the hospital emergency room, where he was treated by the family physician. He gave realistic detail about difficulties in locating the physician, the spirit of emergency prevailing, techniques of treatment, etc. This story was elaborated despite his knowledge that the next day he was, in the company of his father, going to visit this very physician (for a previously made appointment) and that all he said would be proved untrue.

Despite repeated and versatile acts inconsistent with the boy's profession of religion, the patient clergyman, naturally impressed with one who seemed so sincere and whose stated attitudes were so admirable, did not lose hope and at times even became quite optimistic. This optimism was particularly shaken after the discovery that his convert had, during communion, succeeded in stealing one of the small glass goblets used in the ceremony.

2. Stealing was a very minor feature of this lady's career, a few details of which have already been cited.* While on parole for the afternoon from a private psychiatric institution, she accepted the hospitality of an old friend who had planned tea and sandwiches for several rather demure women whose common interest centered

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* Pages 131 to 152.

on Sunday School activities. While accompanying her hostess on a preparatory visit to a large grocery store, the patient, as if by whim, slipped into her ample handbag a bottle of vitamin tablets, a package of cream cheese, a tin of anchovy paste, etc. On arriving at the house (prior to the gathering), she presented all but the vitamin tablets to her hostess as a contribution to the party. She was a woman of considerable wealth and had funds with her. She apparently realized that her theft might be detected and would almost surely be suspected. In carrying out the act she behaved with what can perhaps best be called moderate caution. Apparently she was not strongly influenced by fears of being caught. Nor, on the other hand, did she seem to be seeking purposively but unconsciously any specific thrill, masochistic or otherwise, that might arise in this event.

Chapter 49

8. POOR JUDGMENT AND FAILURE TO LEARN BY EXPERIENCE

DESPITE his excellent rational powers, he continues to show the most execrable judgment about attaining what one might presume to be his ends. He throws away excellent opportunities to make money, to achieve a *rapprochement* with his wife, to be dismissed from the hospital, or to gain other ends that he has sometimes spent considerable effort toward gaining. One might say that he cares little about financial success and little about regaining his wife, but it is difficult indeed to say that he is not, consciously at any rate, extremely fain to get out of the psychiatric hospital where he has been locked up for months with other patients whom he regards as "lunatics" and who are, indeed, not desirable associates for the average man or for him. Be it noted again that the psychopath appears as unwilling to remain in a psychiatric hospital and as impatient to regain his freedom as would the normal man.

This exercise of execrable judgment is not particularly modified by experience, however chastening his experiences may be. Few more impressive examples of this could be offered from the records of humanity than the familiar one of the psychopath who, in full possession of his rational faculties, has gone through the almost indescribably distasteful confinement of many months with delusional and disturbed psychotic patients and, after fretting and counting the days until the time of his release, proceeds at once to get drunk and create disorder which he thoroughly understands will cause him to be returned without delay to the detested wards. It is my opinion that no punishment is likely to make the psychopath change his ways. Punishment is not, of course, ever considered as a possibility in medical treatment. It is, however, often considered and often administered by legal authorities. And it must be remembered that at present the law deals with these patients more frequently than physicians deal with them.

Despite the extraordinarily poor judgment demonstrated in behavior, in the actual living of his life, the psychopath characteristically demonstrates unimpaired (sometimes excellent) judgment in appraising theoretical situations. In complex matters of judgment involving ethical, emotional, and other evaluational factors, in contrast with matters requiring only (or chiefly) intellectual reasoning ability, in such matters also he shows no evidence of a defect. So long as the test is verbal or otherwise abstract, so long as he is not a direct participant, he shows that he knows his way about. Not only can he offer wise decisions for others in life situations but also for himself so long as he is asked what he would do (or should do, or is going to do). When the test of action comes to him we soon find ample evidence of his deficiency.

Chapter 50

9. PATHOLOGIC EGOCENTRICITY AND INCAPACITY FOR LOVE

THE psychopath is always distinguished by egocentricity. This is usually of a degree not seen in ordinary people and often is little short of astonishing. How obviously this quality will be expressed in vanity or self-esteem will vary with the shrewdness of the subject and with his other complexities. Deeper probing will always reveal a self-centeredness that is apparently unmodifiable and all but complete. This can perhaps be best expressed by stating that it is an incapacity for object-love and that this incapacity (in my experience with well-marked psychopaths) appears to be absolute.

Terms in use for what we experience as "emotion" contain much ambiguity, and their referential accuracy is limited. This contributes to confusion and paradox which are difficult to avoid when one attempts to convey his concepts about such a matter.

In a sense, it is absurd to maintain that the psychopath's incapacity for object-love is absolute, i.e., to say he is capable of affection for another in literally no degree. He is plainly capable of casual fondness, of likes and dislikes, of reactions that, one might say, cause others to matter to him. These affective reactions are, however, always strictly limited in degree. In durability they also vary greatly from what is normal in mankind. The term absolute is, I believe, appropriate if we apply it to any affective attitude strong and meaningful enough to be called love, anything that prevails in sufficient degree and over sufficient periods to exert a major influence on behavior.

True enough, psychopaths are sometimes skillful in pretending a love for women or simulating parental devotion to their children. What part of this is not pure (and perhaps in an important sense unconscious) simulation has always impressed this observer as that other type of pseudo-love sometimes seen in very self-centered people who are not psychopaths, which consists in concern for the other person only (or primarily) in so far as he enhances or seems to enhance the self. Even this latter imitation of adult affectivity has been seldom seen in the full-blown psychopath, though it is seen frequently in those called here partial psychopaths. In nonpsychopaths a familiar example is that of the parent who lavishes money and attention on a child chiefly to bask in the child's success and consciously or unconsciously to feel what an important person he is because of the child's triumphs. While it is true that with ordinary people such motives are seldom, if ever, unmixed, and one usually finds some object-love and some self-love integrated into such attitudes, in even the partial psychopath anything that could honestly be called object-love approaches the imperceptible.

What positive feelings appear during the psychopath's interpersonal relations give a strong impression of being self-love. Many psychologists and philosophers have, of course, challenged the existence of any love which is not on final analysis selfish, saying that the mother who gives up her own life for her child really does so because it would be more painful to her to see the child perish. Without attempting to take up the cudgels in this interesting dispute, it will suffice to say that whatever normal and highly developed and sincere object-love may actually be, it is, whether judged behaviorally or intuitively, something that impresses the ordinary observer as definitely unlike anything found in the psychopath.

The psychopath seldom shows anything that, if the chief facts were known, would pass even in the eyes of lay observers as object-love. His absolute indifference to the hardships, financial, social, emotional, physical, and other, which he brings upon those for whom he professes love, confirms one's appraisal during psychiatric studies of his true attitude. We must, let it never be forgotten, judge a man by his actions rather than by his words. This old saying is especially significant when it is the man's motivations and real feelings that we are to judge. This lack in the psychopath makes it all but impossible for an adequate transference or rapport situation to arise in his treatment and is probably an important factor in the therapeutic failure that, in my experience, has been universal. Nothing that could honestly be called a negative transference is more likely to arise than is the positive reaction, despite fleeting shows of spite and temper which are frequent.

Chapter 51

10. GENERAL POVERTY IN MAJOR AFFECTIVE REACTIONS

IN addition to his incapacity for object-love, the psychopath always shows general poverty of affect. While it is true that he sometimes becomes excited and shouts as if in rage or seems to exult in enthusiasm and again weeps in what appear to be bitter tears or speaks eloquent and mournful words about his misfortunes or his follies, the conviction dawns on those who observe him carefully that here we deal with a readiness of expression rather than a strength of feeling.

Vexation, spite, quick and labile flashes of quasi-affection, peevish resentment, shallow moods of self-pity, puerile attitudes of vanity, absurd and showy poses of indignation, are all within his emotional scale and are freely sounded as the circumstances of life play upon him. But mature, wholehearted anger, true or consistent indignition, honest, solid grief, sustaining pride, deep joy, genuine despair, are reactions never found within this scale.

Craig[41] has said that patients who suffer from hysteria do not react with awe, reverence, wonder, or pity, that they do not, one might say, appear capable of achieving in sincerity the major emotions, though their protestations of such emotions are prominent and their show of feeling sometimes so vigorous that the observer is often misled to believe that they are in tragic grief or remorse. While such a diminution of emotional range, especially along the deeper notes, is often seen in the hysterical personality, in the psychopath it is very much more far-reaching, profound, and final. Even in the situations of squalor and misery into which he repeatedly works himself, when confined in jails and what he regards as lunatic asylums, after throwing away fortunes or catching and transferring to his bride gonorrhea, even under these circumstances he does not show anything that could be called woe or despair or serious sorrow. He becomes vexed and rebellious and frets in lively and constant impatience when confined, but he does not grieve as others grieve.

Psychopaths are often witty and sometimes give a superficial impression of that far different and very serious thing, humor. Humor, however, in what may be its full, true sense,* they never have.[29] I have thought that I caught glimpses of it in psychopaths and, despite a typical history, was inclined to question the diagnosis. Further observation of these patients gave convincing evidence that the apparent humor, like the apparent insight, was really an artifact.

One might have a superficial inclination to credit with humor the patient described under "The Psychopath as Scientist" who, after his lamentable marriage to the very unprepossessing streetwalker, laughed and admitted that the joke was on himself. At first glance such a reply might appear to be the valiant humor of a man who can smile in any adversity. One would indeed be strongly inclined to hold it as such if the speaker showed any evidence of feeling his adversity or accepting his responsibility. But in this instance one can only feel that *he jests at scars who never felt a wound.* When the normal man makes a gay or ironic quip on the subject of his own adversity, we may justifiably applaud it as humor. If the quip concerns an adversity which scarcely touches the maker, one finds it as empty of humor as the empty boldness of a daredevil who wagers his fortune in a dice game where no one is playing for keeps.

In such a discussion one can only express his own opinion of what is real humor and what is not real humor. Everyone's capacity to appreciate or appraise such a quality varies, no doubt, as widely as one's sense of what is beautiful.

The emotional poverty, the complete lack of strong or tragic feeling universally found in all the psychopaths personally observed, has caused me considerable bewilderment in connection with frequent references in the literature to the powerful instinctual drives and passions said to be manifested in such people.[62, 87, 110, 219] While weak and even infantile drives displaying themselves theatrically in the absence of ordinary inhibitions may impress the layman as mighty forces, it is hardly to be concluded that wise and deeply experienced psychiatrists would be similarly deceived. I can only assume that such descriptions apply to other types of personality than that discussed here. And since, as has already been stressed,

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*Carlyle said, "True humour springs not more from the head than from the heart; it is not contempt, its essence is love; it issues not in laughter, but in still smiles which lie far deeper. It is a sort of inverse sublimity, exalting, as it were, into our affections what is below us." (Quoted from Parkhurst, Helen Huss: *Beauty.*[166]

the present aim is to present a type of personality disorder well known and believed to be a clinical entity, rather than to argue about names, efforts will be limited to describing and trying to interpret the material at hand.

In considering the general feebleness of affect common to all members of this series in connection with their incapacity for object-love, there is temptation to wonder about the possible interdependence of these faculties. Is it possible for tragic or transforming emotion to arise in any person without that peculiar and indescribable personal commitment to another? Or, if not to another personality, at least to some abstraction well outside the self?

Chapter 52

11. SPECIFIC LOSS OF INSIGHT

IN a special sense the psychopath lacks insight to a degree seldom, if ever, found in other mental disorders. In a superficial sense, in that he can say he is in a psychiatric hospital because of his unacceptable and strange conduct, and by all other such criteria, his insight is intact. His insight is, of course, not impaired at all in the way of the schizophrenic's, who may not recognize the fact that others regard him as mentally ill but may insist that he is the Grand Lama and now in Tibet. Yet in a very important sense, in the sense of realistic evaluation, the psychopath is more consistently lacking than some schizophrenic patients. He has absolutely no capacity to see himself as others see him. To be more accurate, one should say that he has no ability to know how others feel when they see him or to experience subjectively anything comparable about the situation. All of the values, all of the major affect concerning his status are unappreciated by him.

This is almost astonishing in view of the psychopath's perfect orientation, his ability and willingness to reason or to go through the forms of reasoning, and his perfect freedom from delusions and other signs of an ordinary psychosis.

Usually, instead of facing facts that would ordinarily lead to insight he projects, blaming his troubles on others with the flimsiest of pretexts but with elaborate and subtle rationalization. Occasionally, however, he will perfunctorily admit himself to blame for everything and analyze his case from what seems to be almost a psychiatric viewpoint, but we can see that his conclusions have little actual significance for him. Some of these patients mentioned spoke fluently of the psychopathic personality, quoted the literature, and suggested this diagnosis for themselves. Soon this apparent insight was seen to be not merely imperfect but a consistent and thorough artifact, perhaps less a voluntary deception than a simulation in which the simulator himself fails to realize his lack of emotional grasp, or that he is simulating, or *what* he is simulating. The patient seems to have little or no ability to feel the significance of his situation, to experience the real emotions of regret or shame or determination to improve, or to realize that this is lacking. His clever statements have been hardly more than verbal reflexes; even his facial expressions are without the underlying content they imply. This is not insight but an excellent mimicry of insight. No sincere intention can spring from his conclusions because no affective conviction is there to move him.

Such a deficiency of insight is harder to comprehend than the schizophrenic's deficiency, for it exists in the full presence of what are often assumed to be the qualities by which insight is gained. Yet the psychopath shows not only a deficiency but apparently a total absence of self-appraisal as a real and moving experience. One is confronted by the spectacle of a person who uses all the words that would be used by one who understands and who could define all the words, but who still is blind to the meaning. Such a clinical picture is more baffling to me than any of the symptoms of schizophrenia, on which some light at least is thrown by psychopathologic theories.[62, 67, 109, 201] Here we have a patient who fulfills all the ordinary theoretical criteria of a "sound mind" and yet with this apparently sound mind is more incomprehensible than the psychotic.

Some feel that what the psychopath expresses about himself and his situation constitutes insight and merits such a term. I cannot agree with this opinion. The chief and most valid connotations of the word disappear in such an application. Other patients whose gross lack of insight would be admitted by all sometimes express opinions which, if fully meant and appreciated, would indicate what is plainly not there. A few brief examples may help:

A young man with a very active manic psychosis was interviewed some years ago. He whistled, shouted, winked, expressed the belief that he controlled the movements of the sun by his glance, sang snatches of bawdy songs, announced himself as a "sort of Messiah," laid claim to the sexual vigor of seven bulls. Leaping about in a hospital shirt he had torn almost to shreds, he found exposed wires at a place on the wall from which he had torn the electric fixtures.

Seizing and releasing them and seizing them again, he got good jolts of the city current which he relished, apparently interpreting the sensation as a manifestation of his own vitality. When asked if he felt anything was wrong with him mentally he shouted in glee, "Sure, Doc, I'm crazy as a coot! I'm nuts I tell you. Crazier than anybody you ever saw!"

Another patient on a closed ward, a patient badly disabled for years by obvious schizophrenia, often shouts out to the passer-by, "Simple case of dementia praecox, Doc, simple case of dementia praecox," pointing to himself several times. Despite the chance diagnostic accuracy of what he says, this patient, like the one just mentioned, has little grasp of his situation, almost no real appreciation of his disorder and its meaning. Another manic patient not only spoke words that correctly indicated a good deal about his situation, but even hammered out with a metal object he had obtained these letters in deep gashes in the wooden door: BUG HOUSE NUTTY.

Indications of serious impairment of insight abound in the psychopath's reactions after his failures have been undeniably demonstrated or his antisocial acts detected. The persistent tendency to ask for recommendations from those they have every reason to know cannot furnish anything but a negative report fatal to their plans has been illustrated. Such decisions in highly intelligent people can hardly mean less than that something crucial is absent from the realization of their status.

The calm assurance with which they report a successful rehabilitation in the midst of egregious and immediate maladjustment often does not seem so much a real effort to deceive as an indication that the patient himself is greatly deceived. Despite his awareness of major facts, the pivotal significance of these facts seems not to be in his evalutions.

After a peculiarly overt and spectacular successsion of failures, thefts, truancies, falsehoods, expulsion from school, etc., a young man had to be sent home to a distant state by his aunt and uncle with whom he had been staying. They had taken him in the hope that he might do better in another environment. His parents, after years of struggle, had found no solution.

All the details of his recent failure and disaster were factually known to him and had been discussed with his aunt and uncle. They made no effort to deceive him about why he had to be sent home. The physician to whom he wrote the letter which follows had also been frank with him. The letter was mailed a couple of days after he returned in what to another person could not have seemed less than total failure and disgrace.

Dear Doctor:

Arrived home safe and sound. I really was astonished at the great change in this small, typical, mid-western town when I

> pulled into it on Sunday. . . . I'm getting on fine here with Mother and Father. I feel like a different fellow. Dr. ——— I don't know how I'll ever thank you for what you did for me down there. It was my chance to straighten out and I took it. I believe I can say I did a good job of it. I don't know whether I could have done it alone. But the main thing is it's done and I want you to know I appreciate your help.
>
> Well, I have to go now. . . . .

He also mentioned in other correspondence that he was helping his brother, who had shown some delinquency, to see the light, explaining that if he himself had been able to do such a thorough job the brother might profit and direct himself by the example, pull himself together and "be a real man too." While writing to this effect the typical behavior continued without modification.

Let us consider a man whose wife, after many years of struggle equal to that of others discussed in some detail here, had left him and was seriously considering divorce. It is difficult to imagine a situation in which the necessity of permanent separation could be more clear or imperative. Nor is it likely that any patient described here has given a marital partner more reason to feel this need or more fully demonstrated that, no matter what he said, he would continue to behave, toward her and in general, just as he had since their marriage. A few excerpts from his letters to the wife are illuminating:

> ". . . You will never be happy either by yourself or with some other man . . . we have too much in common. . . . I have no reason to lie or to misrepresent things to you now, even though I did try to explain it to you before. . . . There'll be another day, so I'm told and believe, and even though I don't expect to get proper judgment here on earth from you and yours I will up there and if I'm wrong I'm willing to suffer for eternity. . . .
>
> "I do love you. I've never loved anyone else since childhood. . . . If I kill myself my blood will be on your hands . . . it will be heavy on your heart and soul. . . . All wrongs will be righted on Judgment Day. . . . You should have stuck by me—should never have left me. . . . I've suffered now really more than I can stand. . . . You think it will bring you happiness to be rid of me. . . . I sincerely hope and pray that it does if you do such a thing. I wish I could feel likewise . . . and believe everyone is at fault but me."

There is more in all this than simply false promises and fraudulent efforts to persuade the wife not to get a divorce. There is also indication of inability, in his fundamental reactions to size up normally what he has done, and what he is and has been.

Chapter 53

12. UNRESPONSIVENESS IN GENERAL INTERPERSONAL RELATIONS

THE psychopath cannot be depended upon to show the ordinary responsiveness to special consideration or kindness or trust. No matter how well he is treated, no matter how long-suffering his family, his friends, the police, hospital attendants, and others may be, he shows no consistent reaction of appreciation except superficial and transparent protestations. Such gestures are exhibited most frequently when he feels they will facilitate some personal aim. The ordinary axiom of human existence that one good turn deserves another, a principle sometimes honored by cannibals and uncommonly callous assassins, has only superficial validity for him although he can cite it with eloquent casuistry when trying to obtain parole, discharge from the hospital, or some other end.

As in attempting to delineate other aspects of the psychopath, we find ourselves again confronting paradox. Though he can be counted on not to be appreciably swayed in major issues by these basic rules, we often find him attentive in small courtesies and favors, perhaps even habitually generous or quasi-generous when the cost is not decisive. Occasionally his actions may suggest profound generosity in that large sums are involved or something presumably of real value is sacrificed. Usually, however, these appearances are deceiving.

The psychopath who squanders $1,000 on a lady of the night usually seems not to share very actively in the distressing worry and deprivation that his wife and children (or his parents) may experience quite substantially. The motives of a boy at boarding school who casually sells his new clothes to buy candy bars and coca colas (for the whole dormitory) seem to lack an important dimension of magnanimity. This dimension could be presumed if the boy, after his extravagance, set to work assiduously in efforts to carry the burden he had created.

In relatively small matters psychopaths sometimes so behave as to appear very considerate, responsive, and obliging. Acquaintances who meet them on grounds where minor issues prevail may find it difficult to believe that they are not highly endowed with gratitude and eager to serve others. Such reactions and intentions, though sometimes ready, even spectacularly facile, do not ever accumulate sufficient force to play a determining part in any important issues. The psychopath who causes his parents hardship and humiliation by repeatedly forging checks and causes his wife anguish by sordid (and perhaps half-hearted) relations with the housemaid, may, in the community, gain a considerable reputation by so often volunteering to cut the grass for the frail old lady across the street, by bringing a bottle of sherry over now and then to beridden Mr. Blank, by leaving his work to take a neighbor's injured cat to the veterinarian.

Outward social graces come easy to most psychopaths and many continue, throughout careers disastrous to themselves and for others, to conduct themselves in superficial relations, in handling the trivia of existence, so as to gain admiration and gratitude. In these surface aspects of functioning the typical psychopath (unlike the classic hypocrite) often seems to act with undesigning spontaneity, to be prompted by motives of excellent quality though of marvellously attenuated substance.

Chapter 54

13. FANTASTIC AND UNINVITING BEHAVIOR WITH DRINK AND SOMETIMES WITHOUT

THOUGH some psychopaths do not drink at all and others drink rarely, considerable overindulgence in alcohol is very often prominent in the life story. Delirium tremens and other temporary psychoses directly due to alcohol were not commonly found in the hundreds of cases observed by me. The view of professional moralists to the effect that demon rum is the fundamental cause of disaster such as the psychopath's appears to have little claim to validity. It has been pointed out already that an irreconcilable difference in primary aim appears to exist between the ordinary person who drinks too much and the psychopath. This may be restated briefly as follows: The ordinary drinker gets into trouble by drifting with enthusiasm into the opinion that if two or six or eight drinks have made him feel so good, another, or two more, or perhaps five more, will make him feel just so much better. Such rationalizations may assist the normal drinker, especially if he has serious fundamental conflicts, in a progress toward becoming a neurotic drinker or toward an alcoholic breakdown.

It may be possible in certain personalities for a state of mental disorder identical with that described here as psychopathic personality to be eventually reached in this way. Often however, these neurotic drinkers, in sharp contrast with the psychopath, worry about their state when sober, are capable of making an earnest effort to get well under psychiatric treatment, and lack most of the deeper personality features of the psychopath. Even in the neurotic drinker it is not the alcohol but an independent and pre-existing personality maladjustment which is primarily causal. Many psychiatric observers make this vividly clear and no less convincing. An interesting interpretation of alcoholism from a psychoanalytic viewpoint has been offered by Knight.[120, 121] These formulations may also apply to the psychopath, though it must be admitted that the factor of parental inconsistency and lack of unanimity in parental discipline has not been demonstrated regularly in our cases.

A major point about the psychopath and his relation to alcohol can be found in the shocking, fantastic, uninviting, or relatively inexplicable behavior which emerges when he drinks, sometimes when he drinks only a little. It is very likely that the effects of alcohol facilitate such acts and other manifestations of the disorder. This does not mean, however, that alcohol is fundamentally causal. Good criteria for differentiation between psychopaths and others who drink, moderately or excessively, can be found in what tendencies emerge after similar amounts have been consumed.

A peculiar sort of vulgarity, domineering rudeness, petty bickering or buffoonish quasi-maulings of wife, mistress, or children, quick shifts between maudlin and vainglorious moods, although sometimes found in alcoholics with other serious patterns of disorder, are pathognomonic of the psychopath and in him alone reach full and precocious flower. Even in the first stages of a spree, perhaps after taking only two or three highballs, he will show signs of petty truculence or sullenness but seldom of real gaiety or conviviality. He frequently drinks alone and, if he is a heavy drinker, may take with particular relish to the special practice of lying out.* Evidence of any pleasurable reaction is characteristically minimal, as are indications that he is seeking relief from anxiety, despair, worry, responsibility, or tension.

Alcohol, as a sort of catalyst, perhaps contributes a good deal to the long and varied series of outlandish pranks and inanely coarse scenes with which nearly every psychopath's story is starred. Free from alcohol, such a patient would scarcely sit under a house all night idly striking matches or, concealing himself behind book stacks, urinate from the window of a public library on passers-by in the street below. Nor would he, like the psychopathic son of a prominent family, suddenly, as a prank, decide to climb into a tree at a busy street corner, where he deliberately undressed, shouting wildly and puerilely to draw public attention. This man could not be persuaded to withdraw until the local fire department was called to remove him. The alcohol does not, however, put such notions in his head. Alcohol will not bring out any impulse that is not already present in a personality, nor is it likely to cast behavior into patterns for which there is not already significant subsurface predilection. The alcohol merely facilitates expression by narcotizing inhibitory processes.[93] In cases of this sort very little narcotizing may be needed. The oil which lubricates the engine of a motor car neither furnishes the energy for its progress nor directs it.

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* Pages 154 to 155.

Psychopaths often indulge in these strange performances after drinking relatively little. They know perfectly well what they have done before when drinking and, with these facts squarely before their altogether clear and rational awareness, decide to drink again. It is difficult indeed for me to see any substantial grounds for placing the responsibility for the psychopath's deeds on alcohol instead of on the disorder which, in ways no less serious, even if less spectacular, he shows also when entirely sober.

While his most theatrical exploits in public are usually carried on when drinking, the psychopath, even after he has been free from all alcohol for months, as, for instance, when in a psychiatric hospital, retains all the essential personality features which have been mentioned. These show little or no tendency to diminish when he cannot drink. These words translated from Aeschylus, "Bronze is the mirror of the form; wine of the heart," express something pertinent about alcohol and man, whether the man be ill or well.

All the curious conduct recorded in the cases presented here occurred in the absence of delirium tremens, alcoholic hallucinosis, or any other of the well-known psychoses due directly to intoxication. Of course, such psychotic conditions may occur in psychopaths and in neurotic drinkers. It is important to keep such symptoms separate since they are clearly due to another type of mental disorder and based on cerebral toxemia, edema, avitaminosis, etc.

Most of this asocial, unacceptable, and self-defeating behavior associated with the psychopath's drinking seems to occur without the benefit of extreme inebriation. If actual confusion from alcohol prevailed or states of genuine amnesia were induced before the grotesque shenanigans began, intoxication could more plausibly be suspected of playing a larger causal role. The psychopath often reacts in his typical way while in perfect orientation, with unclouded awareness and in anything but the deeply drugged state thought by some to be a prerequisite.

Why does the psychopath drink? Naive observers may say that "he just drinks because he loves liquor."* Such an explanation seems little more explanatory than to say that that coprophilic patient eats feces because he loves it, and leave the matter at that.

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*Remark by a psychiatrist in private conversation.

The typical neurotic drinker can often be shown to be using drink for imaginary or temporary escape from his difficulties or from facing his inadequacies and failures. This process may be a factor also in the well-marked psychopath. Perhaps there is a still deeper drive which utilizes the drinking habit, a regressive drive for a complex and somewhat symbolic negation along the lines of self-destruction. This possibility will be discussed later. If such a theory is applicable, it would, perhaps, be more accurate to say that the psychopath drinks because, in a complex ambivalence, he loves disaster than to say he drinks because he loves liquor.

For whatever reason he may drink, it is true that, in contrast with others who use alcohol to excess, he hits upon conduct and creates situations so bizarre, so untimely, and so preposterous that their motivation appears inscrutable. Many of his exploits seem directly calculated to place him in a disgraceful or ignominious position. He often chooses pranks and seeks out situations that would have no appeal for the ordinary person, whether the latter be drunk or sober. The observer sometimes feels that a truly astonishing ingenuity, an actively perverse inventiveness is directing him, so consistently does he bring off scenes not only uncongenial but even unimaginable to the average man.

They seem, furthermore, entirely purposeless, almost as hard to understand on the assumption that they are for amusement or play as on the grounds of utility. One patient with numerous other outstanding incidents in his career, while sitting at a formal dinner party given by friends in honor of his birthday, turned coolly and spat with deliberation on the cake as it was brought to his side for him to cut.

One patient who developed typical symptoms early in life showed, long before he had ever touched anything alcoholic, prankish tendencies worth noting here. When taken into a store by his parents to be fitted with new clothes, he often allowed intestinal gas to pass quietly but with vivid olfactory manifestations. Considerable embarrassment and vexation was experienced by clerks and by his parents but he was never ruffled and apparently took mild or moderate pleasure in the situation. He occasionally resorted to these tactics while riding with his parents and dignified company in a car when the windows were tightly closed because of cold weather. A few times he discomfited his family considerably by the same means in church. At first the parents accepted his apologies after reprimands and they were inclined to believe his innocent-faced explanation that an involuntary lapse of control had occurred. The timing of events, the predilection for close places and special surroundings, as well as the emergence of other behavior, convinced them in time that these acts were quite deliberate.

Another young psychopath who had never encountered liquor of any sort did many things that would not attract the ordinary mischievous teen-ager. Finding time a little heavy on his hands (and his parents out of the house for a few hours), he took tools from the cellar and, working with no little skill and dispatch, got the connections of the bathroom toilet apart, put into the outlet pipe a small electric motor, and then carefully reconnected the fixture. The subsequent flooding, mess, trouble, and expense did not seem to give him hilarious mirth or vindictive satisfaction. Certainly he showed no evidence of such feeling in a degree to warrant his risking the punishment he received.

The pranks or buffoonery of the sober adult psychopath naturally differ somewhat from those typical of adolescence or earlier. With a few drinks the similiarity of the adult's behavior often increases.

Chapter 55

14. SUICIDE RARELY CARRIED OUT

DESPITE the deep behavioral pattern of life-negation that underlies his surface aspect of self-content, ease, charm, and often brilliance, we do not find the psychopath prone to take a final determining step of this sort in literal suicide. Suicidal tendencies have been stressed by some observers as prevalent. This opinion, in all likelihood, must have come from the observation of patients fundamentally different from our group, but who, as we have mentioned, are traditionally classified under the same term. It was only after a good many years of experience with actual psychopaths that I encountered my first authentic instance of suicide in a patient who could be called typical.

Instead of a predilection for ending their own lives, psychopaths, on the contrary, show much more evidence of a specific and characteristic immunity from such an act. This immunity, it must be granted, is, like most other immunities, relative.

Though suicide, then, cannot be named an impossibility among this group, its unlikelihood still merits strong emphasis. Since most psychopaths do not remain hospitalized or under other protective supervision, the rarity of this act becomes more significant. Also worth noting is the fact that most real psychopaths, not once or a few times but habitually, work themselves into situations that would strongly prompt the normal man to end his own life. Since suicidal threats, like promises and well-formulated plans to adopt a new course, are so frequently offered by these patients, there is good reason to keep in mind that these threats are nearly always empty. Many bogus attempts are made, sometimes with remarkable cleverness, premeditation, and histrionics.

Chapter 56

15. SEX LIFE IMPERSONAL, TRIVIAL, AND POORLY INTEGRATED

THE psychopath's sex life invariably shows pecularities. The opinion has already been expressed that homosexuality and the other specific deviations, while, of course, occurring in psychopaths, are not sufficiently common to be regarded as characteristic. Evidence of consistent, well-formulated deviation was extremely rare in a large group of male psychopaths personally observed in a closed psychiatric institution. Among male and female subjects seen as outpatients and in general hospitals such complications, though more frequent, do not seem to be a distinguishing feature. If we take another viewpoint and consider the group who come or are sent to the physician primarily for sexual deviation, we find again some with behavior patterns resembling in various degrees that of the real psychopath. These are not typical of the deviate group as a whole, whose members much more frequently show different fundamental patterns of adjustment and maladjustment.

Well-marked psychopaths who do not show evidence of strong or consistent deviated impulses but who, nevertheless, occasionally carry out abnormal sexual acts have been seen much more often than those in whom the two fundamental patterns seem to overlap. This is not surprising in view of the psychopath's notable tendencies to hit upon unsatisfactory conduct in all fields and his apparent inability to take seriously what would to others be repugnant and regrettable. The real homosexual seeking an outlet for his own impulses often finds it possible to engage the psychopath in deviated activities, sometimes for petty rewards, sometimes for what might best be called just the hell of it. Psychoanalytic evidence[62] as well as evidence from embryology, biochemistry,[28] etc., indicates that all persons, physiologically as well as emotionally, are to some extent bisexual.

Clinical experience indicates that people whose sexual activities are normal under ordinary circumstances may, in the absence of normal opportunities, resort to deviate practices as a substitutive measure. It is hard to believe that a man of the most perfectly developed sexuality, if stranded and alone for years on an uninhabited island, would not begin to look with some favor upon masturbation. The study of prisoners indicates that mutual masturbation and far more abnormal relations are not rare in persons who, when not confined, sought only heterosexual intercourse.[129, 221] It is commonplace to see persons who approach the normal sufficiently to achieve the physical act with a partner of the opposite sex but who, nevertheless, sometimes indulge in deviate activities.

In psychopaths and in many other people who cannot be correctly grouped with the well-defined homosexual, there are varying degrees of susceptibility or inclination to immature or deviated sex practices. In contrast with others, the psychopath requires impulses of scarcely more than whimlike intensity to bring about unacceptable behavior in the sexual field or in any other. Even the faintest or most fleeting notion or inclination to forge a check, to steal his uncle's watch, to see if he can seduce his best friend's wife, or to have a little fling at fellatio is by no means unlikely to emerge as the deed. The sort of repugnance or other inhibiting force that would prevent any or all such impulses from being followed (or perhaps from even becoming conscious impulses) in another person is not a factor that can be counted on to play much part in the psychopath's decisions.

The activities of a typical patient of this sort whom I once studied are highly illustrative. This man of twenty-seven, honor graduate of a college despite great irregularity in his studies, had for a number of years followed a career so similar to those of the other patients cited that there is no point in going into detail. He showed no indications of homosexuality in manner, dress, physique, or in personality features. He had been rather active in heterosexual relations since about fifteen, his partners being professionals, girls of respectable family, married women, etc.

All of these relations had apparently been to him more or less equivalent and entirely without personal significance. He admitted having once or twice, and more or less experimentally, submitted to the wishes of a homosexual and also to a couple of blunderings into deviated activity while drinking with others apparently more like himself. These did not seem to give him any particular satisfaction and there is little doubt he distinctly preferred what he did with women. To the patient, any idea that he might be a homosexual seemed absurd.

In the absence of any persistent or powerful urge in this specific direction, the patient, apparently without much previous thought, hit upon the notion of picking up four Negro men who worked in the fields not far from his residence. In a locality where the Ku Klux Klan (and its well-known attitudes) enjoyed a good deal of popularity, this intelligent and in some respects distinguished young man showed no compunction about taking from the field these unwashed laborers, whom he concealed in the back of a pick-up truck, with him into a well-known place of amorous rendezvous. At the place he chose, "tourists' cabins" were discretely set up in such a way that women brought by men to them for familiar purposes could enter without the possible embarassment of being identified by the management. Despite these facilities suspicion arose and the patient was surprised by the man in charge of the resort while in the process of carrying out fellatio on his four companions. He had chosen to take the oral role.

When seen not long after this event, the young man was courteous but a trifle impatient about how long he might have to be hospitalized. He showed some concern with what use psychiatric examination might be in helping him avoid the ninety-nine year term of imprisonment that would, according to law, befall him if he should be convicted of the charges made by the proprietor and which he did not deny. This possibility did not, however, greatly alarm him.

He had often evaded penalities for antisocial acts in the past, and he had a good deal of easy confidence. Though he expressed regret and said his prank was quite a mistake, he seemed totally devoid of deep embarrassment. On the whole, his attitude might be suggested by such phrases as, "well, boys will be boys," or "now wasn't that a foolish damn thing for me to do." These were not his literal words, but they are congruent with his behavior. By some legal action his family, whose members were wealthy, succeeded in having him avoid trial. Finding himself free, he left against medical advice within a few days.

As might be expected, in view of the above-mentioned incapacity for object-love, the sexual aims of psychopaths do not include any important personality relations or any recognizable desire or ability to explore or possess or significantly ravish the partner in a shared experience. Their activities are consistently and parsimoniously limited to literal physical contact and relatively free of the enormous emotional concomitants and the complex potentialities that make adult love relations an experience so thrilling and indescribable. Consequently they regard sexual activity very casually, sometimes apparently finding it less shocking and enthralling than a sensitive normal man would find even the glance of his beloved.

None of the psychopaths personally observed have impressed me as having particularly strong sex cravings even in this uncomplicated and poverty-stricken sense. Indeed they have nearly all seemed definitely less moved to obtain genital pleasure than the ordinary run of people. One gets the impression that their amativeness is little more than a simple itch and that even the itch is seldom, if ever, particularly intense.

The male psychopath, though he is usually a person who can complete the physical act successfully with a woman, never seems to find anything meaningful or personal in his relations, or to enjoy significant pleasure beyond the localized and temporary sensations. The female, whether or not she has physiologic orgasm, behaves in such a way as to indicate similar evaluations of the experience. Even these sensations seem to wither precociously and leave the subject a somewhat dessicated response to local stimuli. Sensations so isolated are, no doubt, peculiarly vulnerable to routine and to its justly celebrated antidotes for excitement.

What is felt for prostitute, sweetheart, casual pick-up, mistress, or wife is not anything that can bring out loyalty or influence activities into a remedial or constructive plan. Nor do sexual desires seem to compete successfully against such trivial impulses as wanting to hang about street corners or idle in juke-joints where he may, by tampering with slot machines or cheating at dice or cards, pick up a little change and demonstrate his cleverness to the other fellows. So little is found, apparently, in heterosexual experience, that deviate impulses (even when weak) are sometimes accepted and acted upon largely because of reasons like the reason why all cats look gray at night.

For the person who has ever known even one mature and normal erotic fulfillment, it is impossible to imagine turning by choice to the biologically inappropriate object or placing partial or deviated aims above what has been so obviously well designed for the purpose. What the human organism shows anatomically is scarcely more clear than the emotional evidence, at physiologic as well as at broader interpersonal levels of reactivity. Even from more remote and less tangible sociological aspects, nature has left no room here for doubt. It is difficult, without postulating an extremely dulled or otherwise inhibited sensual response in heterosexual experience, to account for the psychopath who can drift into deviate pranks as approximations or acceptable novelties in the same field. It has been said that "the thalamus outdid itself in devising pleasures to go with the conjugating act itself."[222] Without support from ethics or convention these, it seems, would suffice for normal choice in the intact human.

The familiar record of sexual promiscuity found in both male and female psychopaths seems much more closely related to their almost total lack of self-imposed restraint than to any particularly strong passions or drives. Psychopaths often seem by preference to seek sexual relations in sordid surroundings with persons of low intellectual or social status. Another and more serious kind of sordidness also seems to constitute an inducement.

Entanglements which go out of their way to mock ordinary human sensibility or what might be called basic decency are prevalent in their sexual careers. To casually "make" or "lay" the best friend's wife, to involve a husband's uncle and/or one of his business associates in a particularly messy triangular or quadrilateral situation are typical acts. Such opportunities, when available, seem not to repel but specifically to attract the psychopath. Neither distinct appeal of the sex-object nor any formulated serious malignity toward those cuckolded or otherwise outraged seems to be a major factor in such choices. There is more to suggest a mildly prankish impulse such as might lead the ordinary man to violate small pedantic technicalities, dead and preposterous bits of formality, as a demonstration of their triviality.

Sexual exploits often seem chosen almost purposively to put the subject himself, as well as others, in positions of sharp indignity and distastefulness. The male psychopath who goes through legal matrimony with the whore he has picked up for the evening furnishes a clear example. And so does the well-born woman who submits to several men in succession, none of whom takes the least trouble to conceal his contempt for her.

Beneath his outwardly gracious manner toward women and his general suavity and social charm, the male psychopath (or part psychopath) nearly always shows an underlying predilection for obscenity, an astonishingly ambivalent attitude in which the amorous and excretory functions are confused. He sometimes gives the impression that an impulse to smear his partner symbolically, and even to smear himself, is more fundamental than a directly erotic aim, itself hardly more to him than a sort of concomitant and slightly glorified back-scratching.

Chapter 57

16. FAILURE TO FOLLOW ANY LIFE PLAN

THE psychopath shows a striking inability to follow any sort of life plan consistently, whether it be one regarded as good or evil. He does not maintain an effort toward any far goal at all.[34,36] This is entirely applicable to the full psychopath. On the contrary, he seems to go out of his way to make a failure of life. Almost consistently he cuts short, by some incomprehensible and untempting piece of folly or buffoonery, any activity in which he is succeeding, no matter whether it is crime or honest endeavor. Nor, in well-marked cases, is it possible for wealthy, influential, and devoted relatives to place him in any position, however ingeniously it may be chosen, where he will not succeed in failing with spectacular and bizarre splendor. Considering a longitudinal section of his life, one gets such an impression of gratuitous folly and nonsensical activity in such massive accumulation that it is hard to avoid the conclusion that here is true madness—madness in a sense quite as vivid as that conveyed to the imaginative layman by the terrible word *lunatic*. When one further considers that all this skein of apparent madness has been woven by a person of (technically) unimpaired and superior intellectual powers and universally regarded as sane, the surmise intrudes that some unconscious purpose to fail has been active, some unrecognized drive at social and spiritual self-destruction. Not merely a surmise but a strong conviction arises that this apparent sanity is a sanity in name only. When we consider his actual performance, evidence of mental competency is sorely lacking. We find instead a spectacle that suggests madness in excelsis.

Section 4

AN ATTEMPT AT INTERPRETATION

PART 1

What Is Wrong With These Patients?

Chapter 58

A BASIC HYPOTHESIS

NOW that we have proceeded with our task through the stages of (1) presenting observations of the gross material and (2) sifting and tabulating as conveniently and intelligibly as we were able the pertinent residue of our data, let us attempt the next step. This will consist in searching for some concept or formulating some theory that might satisfactorily account for the facts observed. Much of our material appears contradictory, not only in the ordinary world of average or normal living but even in the world of mental disorder commonly granted to be less readily comprehensible in terms of ordinary reason. Even the accepted postulates which help us come to some understanding of the hysterical case or the delusional schizophrenic seem at first to fail when applied to the psychopathic personality.

A patient whose fragmented ego prevents him from becoming aware of significant facts and puts him at the mercy of phantasies indistinguishable from what is real may conduct himself in a fashion that strikes us as altogether absurd and irrational if we fail to take into consideration this fragmentation. A man sane by the standards of psychiatry, aware of all the facts which we ourselves recognize, and free from delusions, who conducts himself in a way quite as absurd as anything found among the psychotic, becomes another problem altogether. One finds himself confronted with a paradox within the already baffling domain of mental disorder.

In the attempt to arrive at an applicable conception, one consistent with the facts of our observation, I find it necessary first of all to postulate that the psychopath has a genuine and often a very serious disability. To say that he is merely queer or perverse or in some borderline state between health and illness does little or nothing to account for the sort of behavior he demonstrates objectively and obviously. The practice, quite popular until the last few years, of classifying these patients, no matter how plain their incapacity to lead normal lives, as: (1) no nervous or mental disease, and (2) psychopathic personality, whatever the sanctions afforded by tradition, emerges not only as an error but also as an absurdity when we honestly examine the material to which such terms are applied.

Let us for a moment consider the essential evidence brought out in staff meetings on which experienced psychiatrists establish in an obvious case the diagnosis of schizophrenia and on which legal action is taken to declare the patient psychotic and incompetent (insane) and commit him for treatment. In the brief summarizing statement to support such opinions we often find such words as these:

> *The history shows that he has failed repeatedly to make a satisfactory adjustment in the social group. His actions indicate serious impairment of judgment and show that he cannot be relied upon to conduct himself with ordinary regard for the safety of himself or of others. His injudicious and unacceptable behavior has, furthermore, occurred without normal or adequate motivation. He shows no real insight into his condition and tends often to project the sources of his troubles to the environment. His emotional reactions are grossly impaired and he has repeatedly shown inappropriate or inadequate affect. We may say, then, that he is psychotic, incompetent, incapable of carrying on the usual activities of life, and in need of close supervision.*

Such facts have often constituted more convincing evidence for the diagnosis of schizophrenia than even the delusions and hallucinations also frequently present but sometimes not demonstrable in that psychosis. All of these statements just recorded we may apply with full validity to the psychopath. This, of course, does not make him a case of schizophrenia but does, it is now maintained, afford grounds for saying he has a grave psychiatric disorder, and grounds that cannot be dismissed lightly. Though we insist on the gravity of his disorder, we frankly admit that it is a different kind of disorder from all those now recognized as seriously impairing competency. It is a disorder that differs more widely in its general features from any of those than they differ from one another.*

The first and most striking difference is this. In all the orthodox psychoses one finds, in addition to the criteria mentioned or to some of the criteria mentioned, a more or less obvious alteration of reasoning processes or of some other demonstrable personality feature. In the psychopath one does not see this. One is confronted with a convincing mask of sanity. All the outward features of this mask are intact; it cannot be displaced or penetrated by questions directed toward deeper personality levels. One never hits upon the chaos sometimes found on searching beneath the outer surface of a paranoid schizophrenic. The thought processes retain their normal aspect under psychiatric investigation and in technical tests designed to bring out obscure evidence of derangement. One finds not merely an ordinary two-dimensional mask but what seems to be a solid and substantial structural image of the sane and rational personality. He is then, in the full literal sense, an example of Trelat's expressive term, *la folie lucide.* Furthermore, this personality structure in all theoretical situations functions in a manner apparently identical with that of normal, sane functioning. Logical thought processes may be seen in perfect operation no matter how they are stimulated or treated under experimental conditions. Furthermore, one usually finds verbal and facial expressions, tones of voice, and all the other signs we have come to regard as implying conviction and emotion and the normal experiencing of life as we know it ourselves and as we assume it to be in others.

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*After some years of experience with them, I was forced to conclude that, theoretical technicalities notwithstanding, severe psychopaths showed a disorder more like the disorder of those classed as psychotic than the mild or questionable deviation presumed by official psychiatric standards. It was therefore interesting in 1938 to encounter an opinion expressed by Karl Menninger about patients of this type.

After stating that in his earlier psychiatric experience he regarded alcohol addiction as a bad habit and a little later as a neurotic manifestation, Menninger adds, "Now I regard it as near a psychosis." He also states, "I would be inclined, if one of my young relatives had to have either schizophrenia or addiction to alcohol, to believe that his chances for getting back into normal life would be greater if he had schizophrenia."[147]

Although the term psychopathic personality was not used to designate the patients of whom Menninger speaks, it is plain that he is referring to the underlying personality disorder and not to the direct effects of drinking. I feel that this personality disorder is the one discussed here. This term is, in fact, used by the author of the paper Menninger is discussing, and there seems no reason to doubt that it is the psychopath to whom these statements apply and not reactive or neurotic drinkers.[120]

In view of our current practice of calling persons diagnosed as psychopathic personality legally sane and, in many institutions, of judging them ineligible for treatment, an opinion of such disorders expressed by John Cox in 1804 is significant. Dr. Cox wrote, "Persons of this description might appear actuated by a bad heart, but the experienced physician knows that it is the head and not the heart which is defective."[87]

Only very slowly and by a complex estimation or judgment based on multitudinous small impressions does the conviction come upon us that, despite these intact rational processes and their consistent application in all directions, we are dealing here not with a complete man at all but with something that suggests a subtly constructed reflex machine which can mimic the human personality perfectly. This smoothly operating psychic apparatus not only reproduces consistently specimens of good human reasoning but also appropriate simulations of normal human emotion in response to nearly all the varied stimuli of life. So perfect is this reproduction of a whole and normal man that no one who examines him can point out in scientific or objective terms why he is not real. And yet one knows or feels he knows that reality, in the sense of full, healthy experiencing of life, is not here.

Fortunately for the purpose of this discussion, but unfortunately indeed in any other light, an objective demonstration is available which coincides perfectly with our slowly emerging impression. The psychopath, however perfectly he mimics man theoretically, that is to say, when he speaks for himself in words, fails altogether when he is put into the practice of actual living. His failure is so complete and so dramatic that is is difficult to see how such a failure could be achieved by anything less than a downright *madman,** or by one totally or almost totally unable to grasp emotionally the major components of meaning or feeling implicit in the thoughts which he expresses or the experiences he appears to go through. In the actions of his living, then, he confirms our subjective impression, or one might say our hypothesis coincides with the objective and demonstrable facts.

Let us then assume, as a hypothesis, that the psychopath's disorder or his difference from the whole or normal or integrated personality consists of an unawareness and a persistent lack of ability to become aware of what the most important experiences of life mean to others. By this is not meant an acceptance of the arbitrarily postulated values of any particular theology, ethics, esthetics, or philosophic system, or any special set of mores or ideologies, but rather the common substance of emotion or purpose, or whatever else one chooses to call it, from which the various ideologies of various groups and various people are formed.* Let us assume that this dimension of experience which gives to all experience its substance or reality is one into which the psychopath does not enter. Or, to be more accurate, let us say he enters, but so superficially that his reality is thin or unsubstantial to the point of being insignificant. Let us say that, despite his otherwise perfect functioning, the major emotional accompaniments are absent or so attenuated as to count for little. Of course he is unaware of this as everyone is bound, except theoretically, to be unaware of that which is out of his scale, or order, or mode of experience. If we grant the existence of a far-reaching and persistent blocking, absence, or dissociation of this sort, we have all that is needed, at the present level of our inquiry, to account for the psychopath.

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*This violent and unfortunate term I use with apology but cannot spare here because of its clear-cut emphasis.

The effort to express what is meant by experiencing life in a full sense, or by awareness of a solid emotional contact, runs through the psychoanalytic literature, which so often stresses the difference between an actual, an emotionally participating understanding of some important situation, and a verbal or academic understanding, however complete in that dimension.[4, 132] This point is also implicit in the concepts of psychobiology, which, by its very definition of terms, shows that it is striving to emphasize the wholeness of experience or the full meaning of reactions.[15, 48, 158] Among lay observers of human problems and human values one sometimes finds sharp awareness of the very point we mean to stress in trying to describe the so-called psychopath.

A contemporary poet, Donald Parson, chilled by the dead perfection of the celebrated glass flowers at Harvard, seems to see and translate into metaphor and allegory something closely related to the problem of the personalities we here discuss and whose outer state we describe as a mask of sanity:

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*A vast difference exists, of course, between what various persons regard as good or beautiful or desirable. John Locke observed that "those who are canonized as saints among the Turks lead lives that we cannot with modesty here relate." "An apple by Paul Cezanne is of more consequence artistically than the head of a Madonna by Raphael," is the initial sentence in a work on painting.[23] In contrast with all the various diversities of viewpoint and degrees of conviction found among ordinary people, the so-called psychopath holds no real viewpoint at all and is free of any sincere conviction in what might be called either good or evil.[85]

"I stand in wonder. What amazing art!
No counterfeit is this, but counterpart
Itself, carved with the infinite detail
That makes the plodding step of patience fail.
From life's authentic prompt-book is this leaf,

. . . .

"And here are flowers, petaled every one
To cup the rain and captivate the sun:

. . . .

"The piognant lilac whose sharp sword of scent
Can make the memory bleed—that sacrament
We call a rose—a thousand other blooms,
Forever mummied in their crystal tombs.

. . . .

"And yet . . . somehow . . . as I behold
These mimic plants, they leave the fancy cold;

. . . .

"Then, frigid patterns, sleep inviolate
Within your glassy cells. Unkindly fate
Denied you death and so denied you life.
I want my plants to feel the tonic strife
Of all the testing elements; to know
The flagellation of the rain, the snow,
The scathing sun, the shrapnel of the hail;
To bear the hundred lashes of the gale
And all that soul of man or flower needs
For flowering—the rivalry of weeds,

. . . .

"Not clipped or clamped in time's unyielding vise—
Eternal molds of sempiternal ice—

. . . .

"Farewell, stark forms. No more can you beguile,
You wear the sleety artificial smile
That freezes as it falls. My earthly flowers
Can hear the wing-beat of the flying hours
And, blushing for your deep immortal lie,
Are unafraid—nay, eager—proud—to die.
So shall they burgeon with a sweeter breath
Because, like us, they wait the frost of death." [167]

Although to the casual reader these words may suggest more readily the obvious artificiality of the schizophrenic and the schizophrenic's withdrawal from the pain and pleasure of objective life, a point may be made that the full implication of the poem more properly bears on the state of these personalities we now discuss.

Such outward perfection as that seen in the glass flowers at Harvard and such complete lack of participation in the essence of life and mortality suggest wonderfully the situation which we mean to portray in the personalities described in this volume. The schizophrenic does not preserve the intact outer form and function of a complete personality, but the so-called psychopath does.

Without suffering or enjoying in significant degree the integrated emotional consequences of experience, the psychopath will not learn from it to modify and direct his activities as other men whom we call sane modify and direct theirs. He will lack the real driving impulses which sustain and impel others toward their various widely differing but at least subjectively important goals. He will naturally lack insight into how he differs from other men, for of course he does not differ from other men as he sees them. It is entirely impossible for him to see another personality from the aspect of major affective experience, since he is blind to this order of things or blind in this mode of awareness.

However intelligent, he only assumes that other personalities are moved by and experience the ghostly facsimiles of emotion or pseudo-emotion known to him. However quick and rational a person may be and however subtle and articulate his teacher, he cannot be taught awareness of significance which he fails to feel.* He can learn to use the ordinary words, and, if he is very clever, even extraordinarily vivid and eloquent words which signify these matters to other people. And he will learn to reproduce appropriately all the pantomime of feeling but, as Sherrington said of the decerebrated animal,[189] the feeling itself does not come to pass.

Even his splendid logical faculties will, in real life situations, produce not actual reasoning but that imitation of reasoning known as rationalization, for in the synthesis by which reasoning contributes to sound judgment, the sense of value, that is to say, the value of truth, cannot be missing. When this is missing one is always dealing with rationalization, with something which, however technically brilliant, does not satisfactorily guide and shape action. And no difference between the two is more fundamental.[30]

When we conceive of the thought, the general psychic processes, and the behavior of a personality in whom is postulated a defect of this sort, we have arrived at something identical or all but identical with the psychopath as he appears in actual life.

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* "Intellect is invisible to the man who has none." From Schopenhauer's *Essays,* "Our Relation to Others."

Let us for the moment refer to that which is missing in the psychopath's response to life as dissociated instead of using terms that would imply with insistence that it has been dynamically repressed or, on the other hand, absent through congenital defect. The concept of dissociation is an old one, and popularly discarded, but for our present purpose it may be useful. Let us turn for a moment to other types of psychopathology in which this concept has, at least historically, contributed something worth-while.[9, 80, 159, 206]

A familiar example of what is still usually regarded as dissociation is afforded by hysterical somnambulism and the often cited case, Janet's Irene,[103] will suffice. This young girl who had suffered great distress at the death of her mother, would, from time to time, go into trancelike states during which she ceased abruptly her normal activities and played out a pantomime in which she went to the bed in which her mother formerly lay in illness, rearranged the bed clothes, and appeared to be going through the motions of caring for the now dead and absent mother. Having gone through this ritual, she returned to her ordinary state and continued the activities which had been interrupted by the somnambulism.

She failed, however, to retain any conscious memory of having performed the ritual at her mother's bed and was, in fact, altogether unaware of having ceased her ordinary activities. Furthermore, she showed in her usual state of consciousness a surprising forgetfulness about the circumstances connected with her mother's death and a lack, if not a complete absence, of the customary signs of grief. This was surprising in view of her distress at the time of the death and her well-known devotion to her mother. In the trance state, she seemed to have no awareness of her ordinary existence.

Briefly, we may say that Irene's experience showed a dissociation in which certain ideas, memories, feelings, all connected with her mother's death, were separated from the rest of her personality, disappearing from consciousness, so to speak, and losing their ordinary power to influence thought, feeling, and conduct in the usual manner during the subject's ordinary state of being. This split-off or dissociated residue of ideas, memories, and feelings, on certain occasions forced its way back upon the stage and for a time directed Irene's activities during the somnambulisms. Here the dissociated component of experience is limited to a small part of the subject's total personality and consists of ideas and memories as well as their accompanying emotions. The rest of the personality, the ordinary self we might say, remains not greatly altered or at least plainly recognizable despite the absence from consciousness of the dissociated system.

Let it be emphasized that in citing this example and using the term dissociation, there is no implication intended that one is to assume that such a blocking out of material from consciousness occurs by accident or through a lowering of psychic tension due to exhaustion, etc.

Turning now to schizophrenia, one encounters what might be interpreted as a much more serious and far-reaching dissociation, a disintegration which results in general fragmentation and splitting up of the entire ego structure. This disorganization usually extends directly into all aspects of life, the ordinary manifestations of cognition, affectivity, and conation being seriously impaired. Due to this thorough demolition of the personality, one finds not only impairment in these several aspects of function but also a striking disparity between idea and emotion, between the awareness of factors that would make for striving and striving itself.[62] This profound disequilibrium of the whole personality has been aptly termed by Stransky[202] an *intra-psychic ataxia.* Conceivably based on such an underlying state of disintegration, one sees the bizarre and inappropriate reactions, the incongruous affectivity, the utterly irrational thought processes and absurd conclusions familiar in the advanced case of schizophrenia.

Every physician is aware of the fact that those who look with one eye through microscopes or ophthalmoscopes soon find that the other eye, though left open, ceases to see, while attention is directed to what is perceived through the instrument. At what point the stimuli to the retina of the unseeing eye are blocked on their way to consciousness or by what means this is done is not our immediate concern. This common experience, however, illustrates an exception to the organism's ordinary response to stimuli. What would become perception, if integrated into the response at full consciousness, fails to achieve that status and is somehow left out.

A simple example of dissociation in the ordinary person is afforded by prejudices. The prejudice may be in sharp conflict, and even plainly incompatible with other beliefs or even with the person's general outlook on life or his most cherished principles. Yet it will maintain itself despite rather plain demonstrations of its incompatibility. Here we may say that the prejudice, or more properly, the cause for having the prejudice, is to some degree isolated from ordinary thinking or logical reasoning. A dissociation, one might say, has taken place, and in this dissociation the causal basis for the prejudice has become separated and cannot be reached or dealt with by arguments addressed to the personality at a conscious level. In the psychotic patient facts may be recognized which conflict vividly with the delusional beliefs of the patient, yet he will often, while recognizing the conflicting facts, persist in his delusion. For instance, the patient may maintain that he is the son of Prester John and has lived a thousand years while admitting freely that he was born in Hoboken in 1923. Our impression of such absurdity is modified if we grant that the incompatible beliefs belong to different areas of functioning which have lost the ordinary relationship they would have in an integrated personality and therefore which do not come together or conflict in such a patient's awareness.[80, 159, 206]

The dissociation we mean to postulate in this other disorder, that of the so-called psychopathic personality, must be conceived of as different in many respects from that assumed in the examples just cited. Unlike the circumscribed separation of certain past experiences and their accompanying emotion noted in the case of hysteria, let us assume a dissociation extending through a great range of experience and affecting all the major life reactions of the total personality. We must assume, furthermore, that this dissociation, unlike that in the schizophrenic, is specific, that the outer personality is not chaotically disintegrated, but that only one aspect of experience or one mode of functioning is shunted out. In the schizophrenic we find a dissociation which has disordered the logical operation of rational processes, which has facilitated the release of powerful and often inappropriate emotional reactions, which has allowed unconscious matter to appear in consciousness as delusions or to be interpreted as objective perceptions coming from the outer world (hallucinations).

Such a dissociation as that which we assume in the schizophrenic might be regarded as a general fragmentation of the ego, the processes of personality functioning being widely and obviously disordered and the personality structure being somewhat haphazardly wrecked.[62] This dissociation which we for the moment assume in the so-called psychopath must not be thought of as disordering the outer personality or any part of the surface as we see it affected in the schizophrenic. The pathologic process or state we conceive will manifest itself where experience is integrated and will impede or block major affective responses all through the scale of living from being synthesized into the total unitary reaction. Let us think not of a separation (or repression) of something that has been conscious but of a specific failure of ordinary affective responses to arise and find their way normally into integrated reactions of the organism.

If an analogy may be permitted, in view of the inherent difficulty and the essential ambiguity of such abstract speculation, one might represent the fragmented personality of the schizophrenic by an apple which has been carved up into multitudinous sections variously and bizarrely shaped and no longer bearing much real resemblance to its original form. In this analogy the psychopath may be thought of as an apple skillfully peeled, the knife having carefully separated off the skin without altering the shape of the apple except for minor nicks. If one will strenuously aid this somewhat far-fetched simile by assuming that the skin of the apple represents those qualities of ordinary human experience which we have assumed to be left out from the general life functioning in the psychopath, the scope and the selectivity of the process as here conceived will be evident.

Still letting the apple skin represent the emotional component or the value aspect of psychobiologic activity, we may notice in the heaped fragments of our schizophrenic apple disproportionately large sections of skin attached to tiny bits of pulp and vice versa. One may also notice portions of the core lying superficially as well as scattered seeds, and all is chaotically disposed in comparison with the original form and arrangement of the apple. The psychopathic apple, on the other hand, retains its general inner arrangement as well as its form. Indeed, such a peeled apple soon shows a brown discoloration extending over the entire surface which may on casual inspection be mistaken for the real skin! If *skin* or *peeling* carried with it the implications that are strongly inherent in *core* or *kernel,* this naive analogy would more naturally embody the conception for which it was chosen. All such attempts to illustrate concepts of function (a process) in terms of objects are at best clumsy and may connote absurdities we seek to avoid. The reader is, therefore, again reminded that it is a lack in the phychopath's response we refer to, an absence of strong, customary affective elements in what he experiences in his interactions with his surroundings.

Let us leave our analogy. It must, of course, be granted that the psychopath has some affect. Affect is, perhaps, a component in the sum of life reactions even in the unicellular protoplasmic entity. Certainly in all mammals it is obvious. The relatively petty states of pleasure, vexation, animosity, etc., experienced by the psychopath have been mentioned. The opinion here maintained is that the psychopath fails to know all those more serious and deeply moving affective states which make up the tragedy and triumph of ordinary life, of life at the level of human personality. Such capacities vary widely, of course, among normal people and are perhaps proportionate to the general personality development, or, in a far-reaching sense, to true cultural level. The scope or the substantiality of such reactions, if they could be accurately and objectively estimated, would, perhaps more than any other criteria, enable one to judge how successful and how complete an experiment in nature[152] a particular personality has proved to be. A Beethoven, a Leonardo, or an Aeschylus would probably present no less a contrast in this aspect with the illiterate peasant or the successful criminal than in objective accomplishments. Nevertheless no normal person is so unevolved, no criminal so generally unresponsive and distorted, but that he seems to experience satisfaction, love, hate, grief, a general participation in life at human personality levels, much more intense and more substantial than the affective reactions of the psychopath. Our concept of the psychopath's status postulates a selective elimination or blockage which prevents important components of normal experience from being integrated into the whole human reaction, particularly an elimination or attenuation of those strong affective components that ordinarily arise in major personal and social issues.

What term shall we choose for this concept? To stress the general outward indifference and the unpredictable and often incongruous manifestations of affect in the schizophrenic, despite the able operation of rational functions in certain fields, the archaic but expressive term *emotional dementia* has been used.[80] Such a term might also have some applicability to this other and different disorder. A still more appropriate term, however, might be found in *semantic dementia* with its connotations of a personality so damaged that experience as a whole cannot be grasped or utilized in its ordinary significance or meaning. Since *dementia* has over several decades progressively acquired implications better to be avoided here, let us think instead of *semantic disorder,* or even of *semantic psychosis.* Such a term so applied is strengthened in its possible usefulness by Head's familiar concept of semantic aphasia as a loss of ability to understand the meaning and significance of language, though its verbal production is retained, sometimes almost intact.[82]

The patient suffering from semantic aphasia may not only enunciate words correctly but he may also speak grammatically and produce expressive utterances that seem full of meaning. Yet the meaning is beyond his grasp. Sometimes he will leave sentences unfinished and plainly devoid of sense, remaining unaware of the deficiency. The mechanics of speech are available to him, but he has lost the true use of language, its sign-function and symbolism. The words and sentences he repeats or initiates mean nothing to him. They do not have referents, objective or subjective. They may sound as though they seek to express an underlying thought but the thought itself is lacking. Such a patient, though he speaks and even perceives the sounds as words, cannot formulate anything in language even to himself. It is only the higher or more inward synthesis of perceptions and meanings into language which is destroyed in semantic aphasia. The outer facilities for making language remain, but the products cannot be utilized or appreciated and no significant whole emerges in experience.

Semantic aphasia is, of course, a very different matter from the concept we are seeking to formulate as an interpretation of the so-called psychopath. It affords, however, an analogy which may help make clear the concept which we mean to offer as semantic personality disorder. Just as meaning and the adequate sense of things as a whole are lost in semantic aphasia in the circumscribed field of speech though the technical mimicry of language remains intact, in semantic personality disorder the purposiveness, the significance of all life-striving and of all subjective experience are affected without obvious damage to the outer appearance or superficial reactions of the personality.

A person undergoing such a biologic change becomes, one might say, more reflex, more machinelike. What appears to be a whole personality actually is moved by something not quite like full human life. It has been said that a monkey endowed with sufficient longevity would, if he continuously pounded the keys of a typewriter, finally strike by pure chance the very succession of keys to reproduce all the plays of Shakespeare. These papers so composed in the complete absence of purpose and human awareness would look just as good to any scholar as the actual works of the Bard. Yet we cannot deny that there is a difference. Meaning and life at a prodigiously high level of human values went into one and merely the rule of permutations and combinations into the other. The patient semantically disordered does not, of course, strike sane and normal attitudes merely by chance. His rational power enables him to mimic directly the complex play of human living. Yet what looks like sane realization and normal experience remains, in a sense, like the plays of our simian typist.

Though outwardly variable and differentiated, simulating all human responses through their vast range, his living in a subjective sense is more mechanical. With the loss of components necessary for adequate evaluation and reaction, a dedifferentiation of his psychobiologic activity sets in. This is perceptible only on the subjective side, not directly approachable to any examiner. And the patient himself, by the very fact that it has occurred, cannot perceive it or report it. To use an imperfect but expressive simile, his dedifferentiation at the core of personality may be compared with the cellular dedifferentiation of carcinoma. In the latter case certain epithelial cells, instead of pursuing normal growth, regress to a more primitive activity, to an embryonic life process, growing wildly, losing their specialized purpose and their functional integration with the rest of the somatic organism, finally invading the body as a whole and destroying its more highly organized sort of life. So, too, in this other pathologic picture we find the personality invaded by a mysterious sort of pseudo-life which profoundly distorts or devitalizes experience and functioning and transforms the self to a pseudo-self. Both processes, the neoplastic and that which disrupts or limits the normal integrative processes at semantic levels, serve not the scheme of evolving into richer, more intense modes of life (experience) but of withdrawal or sinking to the less vital and less vividly biologic.

Chapter 59

FURTHER DISCUSSION OF SEMANTIC PATHOLOGY

NOTHING is proved by reasoning from analogies and it is pertinent to repeat that the comparisons we resort to are for the purpose of embodying or clarifying a concept, not of establishing evidence for it. In all efforts to handle the essential material of psychiatry we are confronted with a peculiar difficulty. There is, perhaps, no area of human endeavor in which even the basic terms are so loaded with potentiality for confusion. Such apparently simple words as *body* and *mind, nervous* and *mental, neurosis* and *psychoneurosis,* contain implications of an absolute contrast which exists chiefly in language and they often convey the impression that they refer to *things* that, so far as we know, do not exist as entities.[81, 105, 124] It is easy for psychiatrists (even among ourselves where presumably we have been able to come to some agreement about what our words mean) to lose awareness that nearly all the terms of psychopathology (id, ego, merergasia, character, emotion, etc.) are predominantly abstractions, and that in our efforts to communicate we may fall into misunderstanding by failing to realize the diverse (and sometimes absurd) implications overlooked by the user in the symbols he is manipulating.[32, 124, 138A] In an effort to avoid such confusion as much as possible, the reader is asked to have patience with these repeated illustrations.

We have, in the concept of a semantic disorder as contrasted with other psychiatric conditions, presumed pathology that is not obvious, that is not visible in surface functioning or at adjacent levels. Irrespective of severity or questions of part or whole involvement of the organism, a difference of this sort can be noted between other and very familiar clinical pictures.

The patient with a toxic-delirious psychosis (let us say with delirium tremens) shows a maximum of disorder in his superficial aspect. He may not recognize his whereabouts, may scream at nonexistent monsters or belabor the empty air with a broomstick to fight off poison-spitting bugs a yard long. As he leaps over the bed or brandishes a chair, wild-eyed, disheveled, and half-clad, any layman can recognize him as ill and no doubt admit his disorder is mental (that he is "crazy").

The hebephrenic patient may, on the other hand, maintain excellent orientation and calmness. Despite hallucinations and delusions which he may keep largely to himself he may, without supervision, carry on clerical work and do so logically and effectively. Though it is not difficult for the physician to demonstrate convincing evidence of his grave disorder, this is often less obvious, less vivid peripherally, let us say, than in the first example. As a matter of fact, the uninformed layman (especially if a close relative) will sometimes insist for a while that, "it can't be his mind, Doc, it must just be his nerves." The outer form of normal behavior may be much better preserved in such a case despite the fact that, within, his disorder is vastly more extensive and more malignant.

In contrast with both, an early paranoid schizophrenic is likely to show an exceedingly well preserved outer personality. He may pass for an unimpaired person, perhaps for a brilliant and charming companion at a dinner party or for a man whose advice is worth taking about politics, business, or religious questions. The disorder, more centrally located and where it is less readily demonstrable, may be even more serious than in the hebephrenic, but the outer functioning is, in most respects, excellent. There are other patients (with paranoia vera) who may show no signs at all of disorder that can be regularly demonstrated and established in court, who may excell their examiners in reasoning power and attract followers or disciples in the community. In these, also, beneath the outer facade of perfect health, psychosis is genuine and severe. Only at a deep or relatively central level does one encounter convincing evidence of the pathology.

In the psychopath one does not find even the guarded delusional substructure upon which the paranoiac accurately (and, we might say from this point outward, *sanely*) builds his rational but truly psychotic patterns of living. Only at a more complex, a more central level, at the very core of the organism are we likely to find the sort of pathology to which the term *semantic* is being applied. In its essential quality such pathology differs also from that of paranoia. Instead of a basic misinterpretation in literal delusion we find something much more suggestive of the inner substance encountered in some cases of simple or deeply masked schizophrenia. In such schizophrenics we do not always demonstrate delusions or hallucinations; we may not find evidence of what could justly be called a fragmented ego. We may find chiefly a basic deficiency to experience what man normally experiences in interpersonal relations and in other important events of existence. This lack of emotional participation, this failure to react with meaningful or appropriate affect, is, in the simple schizophrenic, not only present centrally but indications of it are often discernible in his manner, his facial expression, in what he says about how he feels. In the psychopath, on the other hand, all outer forms and functions maintain the appearance of the undamaged human organism. Let us say, after others[62, 68] that the ego structure of the paranoiac, though not demolished, may be thought of as having sustained a tear or a localized break which is patched or concealed rather effectively by forces within the patient. We might say also that the simple schizophrenic sometimes shows what seems more like an ego deformed or distorted than one distinctly broken at any point.

In its painful withdrawal from (or rejection of) the environment, such an ego may have preserved superficial integrity by maintaining only quasi-contacts, by what we might refer to as cramping itself into the corner (or falling back from advanced biosocial positions) in a regression to areas where, at the price of limitation and distortion, it finds shelter from demands, challenges, and forces that might otherwise shatter it.

Continuing in such allegory, let us say that in semantic disorder neither the isolated break in ego structure nor any gross deformity of the surface is visible. Functionally and structurally all is intact on the outside. Good function (healthy reactivity) will be demonstrated in all theoretical trials. Judgment as well as good reasoning will appear at verbal levels. Ethical as well as practical considerations will be recognized in the abstract. A brilliant mimicry of sound social reactions will occur in every test except the test of life itself. In semantic disorder we confront an ego neither broken nor outwardly distorted but of a substance that lacks ingredients without which normal function in major life issues is impossible.

If such a disorder does indeed exist in the so-called psychopath, it is not remarkable that its recognition as an illness (or a disability) has been long delayed. Pathologic changes visible on the surface of the body (laceration, compound fractures, etc.) were already being handled regularly by medical men when the excorcism of indwelling demons retained popular favor in many illnesses treated today by the internist. So, too, it has been with personality disorders. Those characterized by gross outward manifestations have been accepted as psychiatric problems long before others in which a superficial appearance of sanity is preserved.

Instead of personality disorder let us for a moment consider damage to a more circumscribed function. It is easy for a child or a savage to understand speech defect resulting from a mutilated tongue. A lesion of the hypoglossal nerve is less obvious as a cause. The peripheral organ of speech, though atrophy and inertness may be noted, shows less visible damage. Pathologic change in the motor cortex is still harder to correlate with difficulties in talking. The actual tongue is completely intact. Considerable motion may occur through reflex circuits. If localized destruction occurs in the region often spoken of as the quadrilateral space of Marie, one finds a tongue anatomically sound and also able to perform all ordinary voluntary movements but, at the same time, there is a far more serious and widespread curtailment of expression. Not only talking but also writing and the understanding of words are affected.

In lesions about the supramarginal gyrus losses even more fundamental occur despite the fact that the mechanical performance of speech is relatively little impaired. In this semantic aphasia an almost total loss of the significance of words, spoken or written, is reported, a far more profound central pathology than in verbal or nominal aphasias. With this maximum inner loss it is notable that speechfunction in its peripheral aspects is much better preserved than in other aphasias. Such a patient may not only utter words correctly but also fluent sentences which are indistinguishable from the normal. Yet what is spoken has infinitely less relation to the patient's feelings and intentions or to the environment than the inarticulate sounds of the man with the mutilated tongue or the clearer but obviously disordered speech noted in verbal aphasia. It is without significance, we say. It lacks meaning. It does not indicate any accurate subjective states within or have valid reference to outer objects. The excellent but mechanical reproduction seems to exist more or less reflexly by itself, dissociated from facts, feelings, purpose, thought, dissociated, one might almost say, from life itself.

The term *semantic,* as applied by Head in the aphasias, brings out well the point of a speech loss that is no less profound than it is well concealed by the intact but not centrally integrated superficial mechanisms that continue to function.[82] In applying this term to a personality disorder we mean to emphasize the same point, to indicate a defect (a functional lesion, a dissociation, a pathology of some sort) that leaves relatively unimpaired the peripheral abilities (thinking, feeling, acting, etc.) but which, to a considerable degree, isolates them. Only when integrated with the major affective responses of the human being can they acquire serious or persistent purposiveness or bring the organism into full or meaningful subjective experience.

In the simple schizophrenic or the seriously schizoid personality, an inadequate or impaired affective participation appears in outer signs of indifference, withdrawal, oddity, queer tastes, etc. He is himself sometimes aware to a considerable degree that he differs profoundly from those about him. In contrast, the semantically disordered psychopath with the peripheral mechanisms for adjustment functioning accurately does not show on the surface similar indications of trouble within. The more or less automatic mimicry of normal reactivity, though relatively meaningless, is an excellent imitation. It is not surprising that it deceives the subject as well as other observers.

It is granted that serious objections can be raised to such an interpretation. Confusion is probably implicit in all the terms available to anyone who attempts the discussion of such a subject. Psychiatrists have, in general, become used to such terms as *unconscious wish, unconscious ideas,* etc. Obvious absurdity can be pointed out in such terms which, by definition, contain logically incompatible assumptions. Such terms are used to indicate, nevertheless, very genuine processes in the functioning of the human organism and, despite their literal incorrectness (or the false implications they may convey), have served a useful purpose to express valid concepts of fundamental importance.

So, too, we become vulnerable to the accusation of talking nonsense if we say that a disorder at semantic levels prevents experience from becoming adequately meaningful to the subject. It is easy indeed to make oneself unclear, if not actually ridiculous, in attempting to express a point, however tentatively, on these fundamental matters. One commentator says of the concept here advanced:

> "If that [understanding of the meaning of life] is the disease from which the psychopathic inferior suffers, this term can be applied to most of us and certainly to the reviewer, since, so far as he knows, no one has yet given us an insight into the meaning of life."[16]

Such a comment is appealing and not without humor, but it scarcely meets the issue in a responsible manner. One need not assume that the "normal" man understands the ultimate purpose of life, or even that he is remotely near final accuracy in his evaluations of his own bits of experience, to believe that the psychopath is, in comparison, seriously disabled by the specific deficiency we are attempting to formulate.

Though "meaning" or "the meaning of life" can be applied to a philosophical or religious system that attempts to explain man and the universe, it must be obvious that such an application is not intended here. By saying that a good deal of the meaning which people find in life experiences is lacking in the psychopath's responses we seek only to point out that he is not adequately moved, that he does not find subjective stimuli to make the major issues of life matter sufficiently to promote consistent striving. It is difficult, perhaps, to express anything about such a matter without inviting misunderstanding. Such an affective alteration of fundamental experience is generally granted in the schizophrenic, who shows superficial indications of it. In the psychopath, though it is so strongly indicated by his conduct, this alteration is well masked by his misleading surface. It can hardly be said that such an estimate can be scientifically proved in either case, or that any subjective state in another can be so established.

The difficulties of proof, or even of demonstrating direct objective evidence for hypotheses about psychopathology (or about ordinary subjective functioning) are too obvious to need elaborate discussion here. In view of these specific and intrinsic difficulties, any method that offers the possibility of adding objectively to our appraisals is indeed stimulating and welcome anywhere in psychiatry, but particularly so in this more than ordinarily confusing problem.

Work reported by Simon, Holzberg, and Fisher along this line appeals to me as interesting and full of promise.[192] These observers, impressed by the paradox of the psychopath's poor performance despite his intact reasoning, have devised an objective test specifically directed to appraise judgment as it would function in real situations as contrasted with theoretical judgment in abstract situations. With full cognizance of the likelihood that adequate emotional response contributes significantly to this difference, Simon and his co-workers report a method ingeniously designed, on the basis of the actual response of patients, to estimate the real judgment as it would influence decision and action.

In their planning of a method these workers maintain recognition that the more complex synthesis of influences that make up what is often called judgment or understanding (as compared to a more theoretical "reasoning") may be simulated in test situations where emotional participation is minimum, that rational factors alone by an accurate apeing or stereotypy can produce in vitro, so to speak, what they cannot produce in vivo. Items for a multiple choice test were selected with an aim of providing maximal possibilities for emotional factors to influence decision, and particularly for relatively trivial immediate gratification impulses to conflict with major, long-range objectives. These items were also utilized in the form of a completion test.

In response to the multiple choice test, a group of female psychopaths showed indications of distinctly better judgment than they showed with the same questions when presented in the form of a completion test. Simon, Holzberg, and Fisher, discussing their findings, say:

> " . . . The differential capacities of these two instruments to detect differences in judgment between psychopaths and normals would imply that the psychopath has learned social values and is able to recognize them where they are overtly presented (multiple choice test) but where the psychopath is thrown upon her own resources in resolving a conflictual situation (completion test), these learned values are not readily available as guides, apparently because of their superficial incorporation into the personality structure. The psychopath attempts to outdo the normal in "normality" in that she selects fewer deviant responses on the multiple choice test than does the normal herself, but does not do so where she has no external clues. In the latter situations clear-cut differences in judgment between the normal and the psychopath become apparent. [The] hypothesis [of semantic disorder] would then appear to have been substantiated to the extent that there are measurable differences between the judgment of psychopaths and normals, which differences require sensitive measuring devices for their detection. Grosser instruments of measurement simply reaffirm the popular impression that the psychopath is similar to the normal in his judgment evaluations. More sensitive measures, however, reveal real differences."[192]

Other points approaching statistical significance in this objective test noted by these investigators include the following:

> "Love relationships are superficial and easily disrupted. . .
>
> "She is irresponsible and lacking particularly in a sense of responsibility toward parent figures. Home ties are shallow. . . .

> "Loyalty and devotion to others are minimal and consequently friendships and love for siblings are shallow. . . .
>
> "Where any loop-hole exists for escaping social responsibility, she will utilize it. Negative feelings are sooner suppressed than expressed, so that she will assume a role which is the obverse of her true feelings. . . .
>
> "Her emotional experiences, of whatever sort, are superficial."

Simon and his co-workers express the opinion that their test "is not yet perfected for use as a standardized measure of female psychopathic judgment," that the "number of subjects used is too small and the age range of the sample too narrow to permit the setting up of tentative norms."[192]

This work, already reported, represents a promising effort to appraise the real disorder of the psychopath by means less subjective than personal evaluation. It is earnestly hoped that Simon, Holzberg, and Fisher will continue their investigation and that from it can be generally established better means of evaluating the psychopath objectively.

Our belief has been emphasized that the psychopath's disorder is not only genuine but also that it is by no means a necessarily mild disorder, one that can honestly be relegated to a borderline position between good health and the beginning point of psychiatric illness.[8, 107]

Traditionally the terms psychosis and psychoneurosis have been taken as signifying, among many other things, fundamental differences of degree in mental illness. Moreover, psychosis, in contrast with psychoneurosis, has implied particularly illnesses in which the patient cannot be counted on to conduct himself socially or personally in a responsible manner. It has become an integral part of psychiatric, legal, and social opinion that patients with psychosis must often have final decisions made for them by others, that their personal safety and that of others demand a curtailment of their rights as citizens. It is also assumed that the psychotic patient cannot be trusted to seek treatment or protective supervision when this is obviously necessary, and effective measures are taken to hospitalize him no matter what his own wishes or decisions may be.

When we consider the psychopath we immediately encounter several facts, several practical and important facts, that align him with the psychotic and sharply distinguish him from the psychoneurotic. One cannot rely on him to handle himself in the social group without serious danger to himself and to others. He shows even poorer judgment than many of the orthodoxly psychotic about accepting hospitalization, treatment of any sort, or submitting to restrictions, however urgently these may be needed. In striking contrast to the psychoneurotic group, he seems unable to realize that the failures and misfortunes his activity brings upon himself, his family, and others are attributable to him or that anything must be done to prevent their repetition.[31, 34]

In a practical sense, then, and despite his lack of the academic symptoms characteristic of those disorders traditionally classed as psychosis, he seems to belong with that group. Certainly his problems cannot be dealt with medically or by any other satisfactory means unless similar legal instrumentalities for controlling his situation are set up.

I believe that if the psychopath shows himself grossly incompetent in his behavior he should be so appraised. If, as is true nearly everywhere in our country, it is necessary to say that he is psychotic in order to make treatment or urgently needed supervision possible for him, the only serious objections are primarily theoretical. The opinion is offered that our traditional definitions of psychosis can stand alteration better than these disordered patients and those about them can stand the present farcical and sometimes tragic methods of handling their problems.

This is not to say that all people showing features of this type should be regarded as totally disabled. It is here maintained that the disorder we call semantic appears in every degree of severity, like other psychiatric disorders, and may constitute anything from a personality trait through handicaps of varying magnitude and including maximum disability.

In efforts to reach agreement in such matters serious difficulties arise from implications more or less concealed within our traditional terms and existing more as verbal artifacts than in reality. Nearly all physicians realize today that the psychoneuroses, though in general less severe, are, like the psychoses, mental disorders rather than literally disorders "of the nerves." This has not always been true, and the old concept of "nervous" troubles (thought to be more or less respectable and to belong to the neurologist)[10] and other, totally different disorders in which "the mind" is involved remain not only prevalent among the laiety but (though not recognized or admitted) a real influence in medical thought. The notable influence of Adolf Meyer and his followers in psychiatry has done much to free us from such difficulties and to help us realize that though we may talk at length of "mind" without mentioning "body" or even "nerves," we cannot, as physicians, deal in actuality with any such discrete entity.

Occult and deeply confusing implications still work through many of our traditional terms and concepts, nevertheless, and sometimes seriously impede us in practical matters.[32] This is particularly true when we approach the psychopath, whose subtle disorder at levels we term semantic raises in legion the ghosts of archaic concepts, dogmas of faculty psychology, and perhaps even the invisible but by no means impotent mortmain of long disowned superstition.

A recent opportunity to discuss the psychopath with several of our country's most enlightened psychiatrists brought this point vividly to my attention. Everyone in this small group had in common a special interest in the problem to which this volume is devoted and had unusually extensive clinical experience with such patients, and all found no difficulty in agreeing that the disorder in question is real indeed and often maximally serious in degree. There was also full agreement that steps should be taken so that the disorder can be recognized officially by psychiatry and so that legal and social instrumentalities can be set up to deal as adequately as possible with the serious problems it presents. No one considered this need as less than urgent. Considerable disagreement came, however, as to whether or not the disorder should be called *mental.* Some felt such an appellation definitely unjustified and that the term *character disorder* should be used. There were no serious objections to *behavior disorder* as being erroneous, although doubt was expressed that this would adequately distinguish the manifestations as those of illness and make it possible to bring psychiatric measures to bear on the problem. All felt that *personality disorder* could be applied with maximum accuracy and minimum confusion.

These difficulties arise not so much from valid implications in our terms but from false implications which they carry with remarkable tenacity. Despite the almost delusional connotations by which trouble in the "mind" is distinguished from "worn out" or "frayed" or "quivering nerves" in some lay concepts, these untrustworthy terms also contrast something of another sort and something worth distinguishing. As already noted, they indicate to the layman some of the real differences between psychosis and psychoneurosis. It is doubtful, however, if this value outweighs the rather fantastic unrealities embalmed, apparently forever, in the conceptual essence of the terms. So, too, the term *mental disorder* has its component suggesting legal incompetency as well as strong components that (despite paranoia) suggest illogical, disordered general reasoning abilities. *Personality disorder,* a broader term, by-passes or side-steps many archaic assumptions, and into it as a concept fit both "nervous" and "mental" illness with minimum unnecessary confusion.

Even in our efforts to escape from old and serious nonsense inherent in our classic terms and to avoid an automatic battle of dead superstitions when we speak, we are not entirely free from danger of creating new difficulties. If the psychopath has a "personality disorder" but not a "mental disorder," we must proceed cautiously or soon we may be outdoing the layman who solemnly asks, "Doctor, is it in her mind or in her nerves?" If we, by implication, say, "No, the trouble is not in her 'mind' or her 'nerves' but in her 'character,' or perhaps not there but in her 'personality'," we may contribute something useful but, unless we are alert, we may find ourselves squandering badly needed energy in a fruitless struggle with newly created verbal poltergeists. All psychiatric illness, everyone will probably agree, can sensibly and accurately be called personality disorder. In further efforts to differentiate among them (qualitatively and quantitatively), let us take care that we do not unwittingly localize them too sharply (and exclusively) in "nerves," "character," "mind," "soul," etc.

Whether or not it would be correct or feasible to call the totally disabled psychopath "psychotic" is debatable. Whatever the academic arguments, it seems that practical and useful purposes will be served if we regard those psychopaths whose behavioral malfunctioning so indicates as lying among the holergastic rather than the merergastic disorders.[151, 152, 153]

Chapter 60

HYPOTHESIS APPLIED TO THE MATERIAL

IN ATTEMPTING to account for the abnormal behavior observed in the psychopath we have found useful the hypothesis that he has a serious and subtle disorder at deep levels disturbing the integration of experience and resulting in a pathology best described as semantic. Presuming that such a patient does fail to experience life adequately in its major issues, can we then better account for his clinical manifestations? Let us see.

In a life devoid of higher-order stimuli, of primary or serious goals and values, of intense and meaningful satisfactions, one can better understand the patient who, for the trivial excitement of stealing a dollar (or a candy bar), the small gain of forging a $20.00 check, half-hearted intercourse with an unappealing partner, sacrifices his job, the respect of his friends, or perhaps his marriage. Behind much of the psychopath's behavior we see evidence of relatively mild stimuli common to all mankind. In his panhandling, his pranks, his truancy, his idle boasts, his begging, his taking another drink, he is acting on motives in themselves not unnatural. In their massive accumulation during his career these acts are impressive chiefly because of what he sacrifices to carry them out. If, for him, the things sacrificed are also of petty value, his conduct becomes more comprehensible.

Woolley, in an interesting interpretation of these patients, compares them with an otherwise intact automobile having very defective brakes.[223] Such an analogy suggests accurately an important pathologic defect which seems to exist. In contrast with an automobile, however, the braking functions of the human organism are built into the personality by reaction to life experience, to reward and punishment, praise and blame, shame, loss, honor, love, etc. True as Woolley's hypothesis may be, it seems likely that more fundamental than inadequate powers to refrain is the inadequate emotional reactivity upon which the learning to refrain must be based. Even with good brakes on his car, the driver must have not only knowledge of but also feeling for what will happen otherwise if he is to use them correctly and adequately.

Some of the manifestations of semantic disorder are fairly well accounted for if we grant a limitation of emotional capacity. Additional factors merit consideration. The psychopath seems to go out of his way to make trouble for himself and for others. In carelessly marrying a whore, in more or less inviting detection of a theft, in attempting gross intimacies with a debutante in the poorly sheltered alcove just off a crowded ballroom, in losing his hospital parole or failing to be with his wife in labor just because he did not want to leave the crap game at midnight (or at 3 A.M.), in such actions there seems to be not only disregard for consequences but active impulse to show off, to be conspicuous in making mischief. This impulse, too, is common among others.

When negative consequences are negligible or slight (both materially and emotionally) who does not like to cut up a little, to make a bit of inconsequential fun, or perhaps playfully take off on the more sober aspects of living? Dignity might otherwise become pompousness; learning, pedantry; goodness, self-righteousness, etc. The essential difference seems to lie in how much the consequences matter. It is also important to remember that inclination and taste are profoundly shaped by capacity to feel the situation adequately. A normal man's potential inclination to give the pretty hatcheck girl $50.00 would probably not reach awareness in view of his knowledge that this would result in his three children not having shoes, or in his having to humiliate himself by wheedling from a friend a loan he will never pay.

If, as we maintain, the big rewards of love, of the hard job well done, of faith kept despite sacrifices, etc., do not enter significantly in the equation, it is not difficult to see that the psychopath is likely to be bored. Being bored, he will seek to cut up more than the ordinary person in order to relieve the tedium of his unrewarding existence. If we think of a theater half-filled with ordinary pubertal boys who must sit through a performance of *King Lear* or of Beethoven's *Ninth Symphony,* we need ask little of either imagination or memory to bring to mind the restless fidgeting, the noisy intercommunication of trivialities, the inappropriate guffaws or catcalls, perhaps the spitballs or the mischievous application of a pin to the fellow in the next seat.

Apparently blocked from fulfillment at deep levels, the psychopath is not unnaturally pushed toward some sort of divertisement.

Even weak impulses, petty and fleeting gratifications are sufficient to produce in him injudicious, distasteful, and even outlandish misbehavior. Major positive attractions are not present to compete successfully with whims, and the major negative deterrents (hot, persistent shame, profound regret, etc.) do not loom ahead to influence him. If the twelve-year-old boys could enjoy *King Lear* or the *Ninth Symphony* as much as some people do, they would not be so restless or unruly. If the son of a family long honored in the community (and husband of a wife at her wits' end) felt about going to jail as most do, he could not, after dozens of brief incarcerations, drop in on somewhat similar acquaintances (just back at work after their own periods of detention) and gaily twit them with such greetings as, "What kind of bird can't fly?"

In a world where tedium demands the situation be enlivened by pranks that bring censure, nagging, nights in the local jail, irritating duns about unpaid bills, one can well imagine that the psychopath finds cause for vexation and impulses toward reprisal. Unable to realize what it meant to his wife when he was discovered in the cellar flagrante delicto with the cook, he is likely to be put out considerably by her reactions to this. His having used the rent money for a midnight long-distance call to an old acquaintance in California (with whom he bantered for an hour) also brings upon him censure or tearful expostulation. Considering himself harassed beyond measure, he may rise from the dining room table in a petty tantrum, curse his wife violently, slap her, even spit on her, and, further annoyed by the sudden weeping of their six-year-old daughter, throw his salad in the latter's face before he strides indignantly from the room.

His father, from the patient's point of view, lacks humor and does not understand things. The old man could easily take a different attitude about having had to make good those last three little old checks written by the son. Nor was there any sense in raising so much hell because he took that dilapidated old Chevrolet for his trip to Memphis. What if he did forget to tell the old man he was going to take it? It wouldn't hurt him to go to the office on the bus for a few days. How was he (the patient) to know the fellows were going to clean him out at stud or that that little bitch of a waitress at the *Frolic Spot* would get so nasty about money? What else could he do except sell the antiquated buggy? If the old man weren't so parsimonious he'd want to get a new car anyway!

And why did he (the father) have to act so magnanimous and hurt about settling things last Saturday night down at the barracks? You'd think from his attitude that it was the old man himself who'd had to put up with being cooped in there all those hours with louse-infested riffraff! Well, he'd thanked his father and told him how sorry he was. What else could a fellow do? As for that damned old Chevrolet, he was sick of hearing about it. His grudge passing with a turn of thought, he smiles with affectionate, playfully cordial feelings toward the old man as he concludes, "I ought to tell him to take his precious old vehicle and stick it up his ——!"

Lacking vital elements in the appreciation of what the family and various bystanders are experiencing, the psychopath finds it hard to understand why they continually criticize, reproach, quarrel, and interfere with him. His employer, whom he has praised a few hours before, becomes a pettifogging tyrant who needs some telling off. The policeman to whom he gave tickets for the barbecue last week (because he is such a swell guy) turns out to be a stupid oaf and a —— meddler who can't mind his own business but has to go and arrest somebody just because of a little argument with Casey in the *Midnight Grill* about what happened to a few stinking dollar bills that were lying on the bar.

Adolescents who feel need to kick over the traces often seek to do so in unconventional, spectacular, daring, somewhat shocking acts that sometimes are motivated primarily by impulses of defiance. Similar impulses of defiance no doubt contribute to the psychopath's behavior. Figures representing authority or respectability naturally irk him. They are smug and meddlesome in his eyes and tempt him to show them what he really can do. If he cannot actually remember his parents, on the eve of a whipping, telling him "this is going to hurt me more than it does you," he, like all people, gets the idea. Through the damage he does to himself he has a way of getting back at or disciplining them, along with his wife, his friends, and all sorts of self-righteous people who volunteer to "do him good," and to meddle.[38]

One need not assume great cruelty or conscious hatred in him commensurate with the degree of suffering he deals out to others. Not knowing how it hurts or even where it hurts, he often seems to feel he has made a relatively mild but appropriate reprimand, and done it with humor. What he feels he needs to protest against is no small group, no particular institution, set of ideologies, etc., but human life itself. In it he finds nothing deeply meaningful or persistently stimulating, only some transient and relatively petty pleasant caprices, a terribly repetitious series of minor frustrations, and ennui.

Like many teen-agers, saints, history-making statesmen and other notable leaders or geniuses, he shows unrest; he wants to do something about the situation. Unlike these others, as Lindner has so well and convincingly stressed, he is a *rebel without a cause.*[130] Reacting with something that seems not too much like divine discontent or noble indignation, he finds no cause in the ordinary sense to which he can devote himself with whole-heartedness or with persistent interest. In certain aspects his essential life seems to be a peevish bickering with the inconsequential. In others he suggests a man hanging from a ledge who knows if he lets go he will fall, is likely to break a leg, may lose his job and his savings (through the disability and hospital expenses) and perhaps injure his baby in the carriage just below. He suggests a man in this position who, furthermore, is not very tired and who knows help will arrive in a few minutes, but who, nevertheless, with a charming smile and a wise-crack, releases his hold to light a cigarette, to snatch at a butterfly, or just to thumb his nose at a fellow passing in the street below.

In his work on obsessive disorder Straus brings out and develops a concept very germane to the present discussion.[203] Beneath obsessive symptoms he finds a distaste for life as it is ordinarily lived, a nauseous rejection of what is normally most appealing, an attitude toward the world that finds in our chief sources of joy the equivalant of decay and filth. These observations are interesting and extraordinarily articulate. They seem to elucidate from an independent viewpoint other and important aspects of what has elsewhere been presented as confusion of love and hate.[144]

It is impossible to give briefly an adequate account of what Straus brings out. Its relation to our subject is fundamental. The psychopath does not seem to do what the obsessive does, but he also reacts to the milieu as if it had been altered in its essential qualities. From what I can make of it, the alteration for the psychopath is similar to but not identical with what Straus depicts. The obsessive spends his life desperately trying to avoid what he finds so disgusting and horrible. The psychopath looks as if he is reacting to what is distastefully trivial by showing he just doesn't give a damn.

The psychopath may be warding off not precisely what the obsessive solemnly seeks to ward off with disgust, but something akin to it, in an unrecognized mockery or (unconscious) satire and travesty whereby he demonstrates that he is not emotionally involved.

The lack of aversion to conduct and situations which to the normal man are repulsive is as striking as the disgust Straus finds in obsessive patients as their personal and innermost reactions to what, independently of argument, we find most delightful and tempting. The fundamental charm of woman's body and its details for man, as well as of her specifically feminine personality features, the appeal of young children for their parents that prompts affectionate contact, spontaneous play, that affords satisfaction even in the performance of tasks (cleansing, feeding, etc.) that, if divorced from the personal relation, would be somewhat distasteful—these and thousands of other similar matters are among the biologic axioms by which the human being reacts without need of reason or logic.

There is in the psychopath much that hints of a basic confusion or distortion, at deeper and more obscure levels, similar in degree but perhaps not in kind to what may underlie the reaction of disgust in the obsessive emphasized by Straus. The reactions of depression and manic euphoria have been interpreted as diverse responses to an identical inner pathologic situation.[62] The prude and the pathologically wanton often seem to be chiefly influenced by the same misconception of sexuality as intrinsically ignoble and, to the female, degrading. So too, the active life rejection underlying obsession and the indifference to major human values underlying the psychopath's life scheme may themselves arise from a similar but more basic deviation.

A world not quite identical but with some vivid features of both these underlying situations can be found in Huysmann's *Against the Grain*[98A] and in Jean-Paul Sartre's *Nausea*.[183] In the novels of Evelyn Waugh, also, an atmosphere difficult to describe sometimes develops, an atmosphere that may give the reader awareness of attitudes and evaluations genuinely illustrative.[214, 215, 216, 217]

In none of this fiction does one find what Straus emphasizes as the obsessive's type of reaction to what he scrupulously rejects as if it were filth. The leading characters depicted therein show a peculiar cynicism which is more conscious and directed and purposive than the behavior of the psychopath. But none of the characters presented show even an approximate awareness of what is most valid and meaningful and natural in human beings. A negative response to life itself, an aversion at levels more basic than ordinary morals or the infraconscious foundations of taste and incentive, is conveyed subtly and impressively.

It is difficult to illustrate by incident, by the expressed attitude of the characters depicted, or by any clearly implied evaluation of the authors, the specific quality of what is evoked in these novels as the essence of an unhappy and mutilated universe in which all the characters exist. The sense of pathology pervades to levels so deep that rational scrutiny cannot reach and meet the fundamental implications; nor can inquiry satisfactorily demonstrate its precise source. If the actual world or man's biologic scope were that conveyed in these interesting works, it would not be difficult to account for obsessive illness and for the psychopath's career as reasonable reactions to a situation where no course is possible except one profoundly pathologic in one way or another.

The chief characters portrayed in Noel Coward's play, *Design for Living,*[40A] strongly suggest inner pathology scarcely conceivable to the person with mature human evaluations or of even moderately sound biologic orientations. This play is apparently intended to be an almost literally insubstantial bit of comic froth. Though it is whipped up out of vapors that arise from major psychiatric disorder (triolism) it has, interestingly enough, brought amusement to great numbers in the theatre. The characters appear more as bloodless manikins, foppishly mincing figurines, than as men and women subject to the reactions of actual people. Perhaps it is because everything but the quintessentially shallow aspect of those depicted is consistently eliminated that this play seems to evoke from the public mirthful interest rather than distress, compassion, or profound distaste.

Perhaps it was not the author's purpose to offer these characters for serious appraisal, but if one looks at them with any thought at all of what their reactions imply, feelings emerge that have bearing on what is now being discussed.

Not even about their perverse sexuality and its consequences do Leo, Otto, and Gilda show anything bearing much resemblance to valid human feelings. More fundamental than specific sexual deviation seems to be the restriction of all capacity to a level so simperingly petty that questions of joy or grief scarcely occur. If the attitude and feelings of these characters were vastly more profound, the effect would be one of unbearable cynicism. There is so little participation by them, however, in what experience amounts to for others that nothing even as negatively substantial as cynicism can take root.

It is not accurate to say that Leo, Otto, or Gilda conveys very well a full clinical impression of the psychopath. Such attitudes and behavior are, however, impossible to conceive of except against the background of an inner state gruesomely deficient in what is integral with human aims, even at poor levels of biosocial performance.

Thoughtful contemplation of what is depicted in the play suggests a world as fundamentally altered as what Straus presents as the world of the obsessive. Not primarily in the portrayal of literally perverse erotic relations, but rather in the effective and terse implication of general emotional incapacity in these characters, the author succeeds in evoking awareness of a sort of quasi-life restricted within a range of staggering superficiality. This, rather than those aspects of the play that apparently brought it popularity, may deserve high literary appraisal as a concise and valuable communication of something that is by no means easy to convey in direct language.

In his discussion of what arouses disgust in obsessive patients, Straus brings out memorable points. Not by literal falsification of objective facts but by seeing and feeling these facts in a pathologic mode is the world altered. He says:

> "Curls on a head look lovely and attractive, but the same hair found in the soup is disgusting; perhaps we should like to cut one of these curls as a souvenir, but we should be disgusted to collect the hair left in a comb. Saliva spit out is disgusting, an expression of our contempt, but on fresh lips and tongue the saliva is not disgusting. Separation from the integrity of the living organism turns the physiognomy from delight to disgust. This transition indicates a transition from life to death; it signifies decay. Disgust is directed more against decay, the process of decomposition, than against the dead. A skeleton, a mummy, may be frightening, even horrible, but not as disgusting as a cadaver which has just been brought from a river to the morgue."[203]

Through the writings of Jonathan Swift excellent illustration is given of a peculiar distortion of those sympathetic relations which constitute the very essence of biology. It is not the charm of a lovely woman that attracts Swift's attention but the fact that she has sweat pores, excretions, etc. This attitude is found also in Baudelaire, who is quoted (by Straus) to this effect: "Woman is natural, that is to say, abominable."

Similar pathologic preoccupations with decay have also been noted by Havelock Ellis and cogently discussed.[58, 59] Those so preoccupied, as pointed out by Straus, are unable to appreciate what is normally obvious about many positive aspects of experience. This underlying and often unrecognized attitude can be better illustrated than described.

Let us consider briefly an item that is vividly pertinent:

A young man who apparently was not quite happy in his marriage had been seen occasionally with other women. According to rumor he had been or was about to be unfaithful to his wife. A cousin, also married and a few years older, was, in my presence, attempting to bring the other fellow to his senses. The counselor was a man of remarkable learning and intellect. He did not approach the problem by harping on conventional morality or the personal injustice that the other's wife might be done. Maintaining a light touch, half-teasing in his remarks but also seriously trying to be helpful, he spoke of how often young married men drift astray. He made, in a playful, unmoralizing style, some good arguments for avoiding adultery. Then, as if to diminish the temptations which he felt might be troubling the young man, he said: "Remember that when you kiss a girl you are sucking on the end of a tube twenty-five feet long and that the other end is filled with ----." *

Exposition or further discussion can contribute little or nothing to the remark as it stands. Whether the estimated length of the gastrointestinal tract is accurate or not has little pertinence. No-one can argue with the literal truth of the counselor's statement. But who can avoid wondering about the arrival at such a conception of a woman's kiss? And such a response to such a stimulus?

What Straus and Havelock Ellis have brought out is not readily seen in conscious attitudes of the psychopath. It is, as a matter of fact, somewhat veiled in the reactions of most obsessive patients. As one observes the psychopath it becomes increasingly plain that he is not reacting to the surroundings that are ordinarily assumed to exist. I cannot clearly define the specific milieu which such a patient encounters and to which his reactions are related. There

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*The speaker did not have symptoms of obsessive-compulsive neurosis or any features of the psychopath.

is much to suggest that it is a less distinctly apprehended world than what Straus describes as the inner world of the obsessive. It is my belief that it is a world not less abnormal and probably more complexly confusing.

What we have been discussing may play a considerable part in the psychopath's behavior. There are, however, other factors that deserve attention. Alexander, on the basis of analytic studies, came to the conclusion that the psychopath's behavior arises from forces similar to those which in the psychoneurotic are by many believed to be the fundamental cause of his distressing symptoms.[4, 6] Finding evidence of unconscious conflict and repressed impulses also in the psychopath, he was led by his observations to believe that the asocial, unprofitable, and self-damaging acts of the psychopath are purposive, dynamically motivated expressions of the conflict. In the classic neurosis subjective symptoms develop and the patient complains of weakness, headache, obsessions, or develops compulsive rituals, conversion paralysis, blindness, etc. As these manifestations are thought to be reactions of the organism to inner stress, reactions that serve the purpose of protection, relief of anxiety, gratification (by substitution or displacement, etc.) of rejected or frustrated impulses, so, too, according to psychoanalytic evidence, the pathologic behavior of the other type of patient is an acting out of impulses similarly neurotic. Thus interpreted, the psychopath has, in a sense, genuine and adequate reasons (like the neurotic for his symptoms) for the apparently foolish and uncalled for things he does to damage himself and others. He himself does not know the reasons or clearly recognize his aims or the real nature of the impulses, and his acts do not constitute a wise solution for his problem; but the acts are purposive. This concept of the psychopath as acting out the neurotic problem (in contrast with the more passive development of ordinary symptoms) has been generally accepted by psychoanalysts.[62, 127, 132, 145]

It is an impressive, stimulating, and extraordinarily helpful interpretation, supported by a good deal of evidence. I believe it likely that mechanisms of this sort probably play an important part in the patients reported in this volume and in others observed. Such impulses and such dynamics can be more readily found and demonstrated in patients whose acting out is more circumscribed (in those such as Fenichel describes as cases of impluse neurosis[62]), and in those better organized in antisocial or criminal behavior than in the typical case we have attempted to describe. Patients discussed here have, nonetheless, shown in their histories and in their reactions a great deal that strongly suggests that they, like those reported by Alexander, had purpose and unconscious motivation behind their behavior patterns. Their sincerity has been so slight and their serious cooperation so poor that it has usually been impossible to become convinced as to what they feel now, or ever really felt, about any important matter. Without dismissing congenital limitations or defects as a possible factor, let us welcome all evidence for dynamic explanations of the psychopath and related types of disorder.

The neurosis, Freud has said, is the negative of the perversion.[66] There are, when one carefully considers the full-blown disorder, reasons to wonder if the psychopath is not the positive of the psychotic, or in some way his reciprocal. With genuine respect for the very significant contributions of Alexander, I feel that his term *neurotic character* is an inadequate one, that its implications do less than justice to the urgent clinical realities of the situation.

It seems probable that much of the psychopath's behavior is unconsciously but purposively motivated, that he responds to conflict and frustration by symptoms that are acted out in his relations with others. If this is true, his psychopathology is in important respects similar to that of classic psychoneurosis. In another respect he can be compared with the schizophrenic. Manifestations of schizophrenia also show evidence of purposive motivation and often demonstrate mental mechanisms, displacement, projection, reaction-formation, etc. In schizophrenia there is, however, something else very fundamental—the generalized disorganization of the personality often referred to as disruption of the ego.

In considering some psychodynamic interpretations of schizophrenia[62] we feel that from this point of view it is largely through the relatively undamaged remnants of the ego that the positive features of schizophrenia emerge. If the process is complete, if the ego has, so to speak, entirely dissolved in the underlying id, the machinery to express most of the usual symptoms will be lacking. In response to stress and conflict, what remains of the ego produces, by familar dynamic mechanisms, most of what is generally regarded as characteristic of the disorder. The more fundamental feature, and the one that particularly distinguishes schizophrenia from the psychoneuroses, is the ego fragmentation.[69] In semantic disorder we maintain that there is also a generalized disorder of the personality that can be compared with schizophrenia and contrasted with ordinary psychoneurosis (where the ego is "intact" and the organism maintains "sane" social relations, etc.). One cannot say that the disorder of the ego is that of schizophrenia but in the whole of the patient's life we find such inadequacy of response, such failure of adaptation, that it seems plausible to postulate alterations more widespread (holergastic) than in classic psychoneurosis.

Beyond the symptomatic acts of the psychopath we must bear in mind his reaction to his situations, his general experiencing of life. Typical of psychoneurosis is anxiety, recognition that one is in trouble, efforts to alter the bad situation. These are natural ("normal") whole personality reactions to localized symptoms. In contrast, the severe psychopath, like those so long called psychotic, does not show normal ego responses to the situation. It is offered as an opinion that a less obvious but nonetheless real pathology is general, that in this he is more closely allied with the psychotic than with the psychoneurotic. In terms of the ego one might say that we find not gross fragmentation but evidence of a more subtle but general transformation. Since even in referring to the ego we are already in metaphor, let us say that instead of macroscopic disintegration our (hypothetical) change might be conceived of as one that seriously curtails function without obliterating form.

In addition to outwardly visible demolition or shattering in material structures, other changes may occur. These may be intracellular and leave the appearance unchanged but greatly alter the substance. Colloidal variations in concrete may rob it of its essential properties though the appearance of the material remains unaltered. Steel under certain conditions is said to crystalize and lose much of its strength. The steel so affected looks the same as any other and no outer evidence of the molecular rearrangement which has so greatly altered the substance can be detected. For the purpose of analogy one can think not only of intracellular or molecular but of intramolecular changes. Let us think of the ego in semantic disorder as changed in some such way. The form is perfect, the outlines undistorted. But being subtly and profoundly altered, it can successfully perform only superficial activities, quasi- or pseudofunctions. It cannot maintain important or meaningful interpersonal relations. It cannot fulfill its purpose of adjusting adequately to social reality. Its performance can only mimic these genuine functions.

Accepting the basic interpretations of Alexander, Karl Menninger in *Man Against Himself*[145] has brought out points that strongly suggest the antisocial behavior sometimes represents an indirect search for punishment, a veiled but essentially self-destructive activity. The hypothesis of an active *death instinct* advanced by Freud is, in this interesting study, applied to many types of disorder. In localized symptoms, as well as in broad maladjustments, self-damaging impulses are interpreted as fulfilling their negative purpose.[5, 69]

In the cases presented here to whom the concept of semantic disorder is applied, such influences may at times work specifically to obtain punishment, but the general pattern of life seems to be more complex. Though thefts are sometimes committed, checks forged, frauds perpetrated under circumstances that invite or even assure detection, similar deeds are also frequently carried out with shrewdness and foresight that are difficult to account for by such an interpretation. It is also characteristic for the real psychopath to resent punishment and protest indignantly against all efforts to curtail his activities by jail sentences or hospitalization. He is much less willing than the ordinary person to accept such penalties. In the more circumscribed symptoms of acting out, in many of the disorders referred to by Fenichel[62] as impulse neuroses, the unconscious but purposive quest for punishment appears more plausible as the major or regular influence.[178A]

There the equation of cause and effect is simpler and appears more consistently. We believe that the relation indicated in such an equation enters the pattern of serious semantic disorder but probably as one of many influences. Instead of what might be set up adequately in terms of ordinary algebra, we are more likely confronting something that requires the differential equations of calculus for its full interpretation.

Chapter 61

THE FACTOR OF REGRESSION

THE persistent pattern of maladaptation at personality levels, the ostensible purposelessness of many self-damaging acts, definitely suggests not only a lack of strong purpose but also a vague negative purpose or at least a negative drift. This sort of patient, despite all his opportunities, his intelligence, and his plain lessons of experience, seems to go out of his way to woo misfortune.[34] The suggestion has already been made that his typical activities seem less comprehensible in terms of life-striving, of a pursuit of joy, than as an unrecognized blundering toward the negations of nonexistence.[5, 145]

Some of this, it has been suggested, may be interpreted as the tantrumlike reactions of an inadequate personality balked, as behavior similar to that of the spoiled child who bumps his own head against the wall or holds his breath when he is crossed. It might be thought of as not unlike the cutting off of one's nose to spite not only one's face but also the scheme of life in general, which has turned out to be a game that one cannot play. Such reactions are, of course, found in nearly all types of personality disorder or inadequacy. It will perhaps be readily granted that they are all regressive. Behavior against the constructive patterns through which the personality finds expression and, one might say, seeks fulfillment of its destiny is regressive activity though it may not consist in a return, step by step, or in a partial return to the status of childhood and eventually of infancy. Such reactions appear to be, in a sense, against the grain of life or against the general biologic purpose.

Regressive reactions or processes may all be regarded as disintegrative, as reverse steps in the general process of biologic growth through which a living entity becomes more complex, more highly adapted and specialized, better coordinated, more capable of dealing successfully or happily with objective or subjective experience. One may find this scale of increasing complexity at points even below the level of living matter. A group of electrons functioning together make up the atom which can indeed be split down again to its components. The atoms joining form molecules which, in turn, coming together in definite orderly arrangement, may become structurally coordinating parts of elaborate crystalline materials; or in even more specialized and complex fashion, a cell of organic matter. Always the process is reversible; the organic matter can decompose back into inorganic matter. Cells of organic matter in an immensely more complicated and integrated union of structure and function are seen in the common jellyfish.

Without laboriously following out the steps of this scale, we might mention the increasing scope of activity, the increasing specialization, the increasing precariousness of existence at various levels up through vertebrates and mammals to man. All along this scale one finds that failure to function successfully at a certain level necessitates regression or decomposition to a lower or less complicated one. If the cell membrane of one epithelial unit in a mammalian body becomes imporous and fails to obtain nutriment brought by blood and lymph, it loses its existence as an epithelial cell. If the unwary rabbit fails to perceive the danger of the snare, he soon becomes in rapid succession a dead rabbit, merely a collection of dead organs and supportive structures, protein, fat, etc., and, finally, inorganic matter. The fundamental quest for life has been interrupted, and, having been interrupted, the process goes into reverse.

So, too, the criminal discovered and imprisoned ceases to be a free man who comes and goes as he pleases. A curtailment in the scope of his functioning is suffered, a regression in one sense to simpler, more routine, and less varied and vivid activities. The man who fails in another and more complex way to go on with life, to fulfill his personality growth and function, becomes what we call a schizophrenic. The objective curtailment of his activities by the rules of the psychiatric hospital are almost negligible in comparison with the vast simplification, the loss of self-expression, and the personal disintegration which characterize his regression from the subjective point of view. The old practice of referring to the extremely regressed schizophrenic as leading a vegetative existence implies the significance that is being stressed.

Regression, then, in a broad sense may be taken to mean movement from richer and more full life to levels of scantier or less highly developed life. In other words, it is relative death. It is the cessation of existence or maintenance of function at a given level.

The concept of an active death instinct postulated by Freud[69] has been utilized by some[5, 145] to account for socially self-destructive reactions. Whether such a disintegrative force is indeed active within the biologic unit and intrinsically purposive or not, an unravelling of growth, reversals of forward-striving, etc., are familiar. The tendency to disintegrate against which life evolves may be regarded as more fundamental and less personal, as somewhat comparable to gravity. The climbing man or animal must use force and purpose to ascend or to maintain himself at a given height. To fall or slide downhill he need only cease his efforts and let go. Without assuming an intrinsic death instinct, one can still account for active withdrawal from positions at which adaptation is unsuccessful and stress too extreme. Whether regression occurs primarily through something like gravity or through impulses more self-contained, the backward movement (or ebbing) is likely to prompt many sorts of secondary reactions, behavior not adapted for ordinary human purposes but, one might say, for functioning in the other direction. The modes of such reactivity may vary, fall into complex patterns, and seek elaborate expression.

In a movement (or gravitational drift) from levels where life is vigorous and full to those where it is less so, the tactics of withdrawal predominate. People with all the outer mechanisms of adaptation intact can, one surmises, regress more complexly than can those who react more simply. The simplest reaction in reverse might be found in one who straightway blows out his brains. As a skillful general who has realized that the objective is unobtainable withdraws by feints and utilizes all sorts of delaying actions, so a patient who has much of the outer mechanisms for living may retire, not in obvious rout but skillfully and elaborately, preserving his lines. The psychopath as we conceive of him in such an interpretation seems to justify the high estimate of his technical abilities as we see them expressed in reverse movement.

Unlike the general with the retreating army in our analogy, he seems not still devoted to the original contest but to other issues and aims that arise in withdrawal. To force the analogy further we might say that the retiring army is now concerning itself with looting the countryside, seeking mischief and light entertainment, etc. He has cast off his original loyalties but has found no others to replace them.

F. L. Wells has expressed things very pertinent to the present discussion. A brief quotation will bring out useful points:

> "The principle of substitutive reactions, sublimative or regressive in character, has long been known, but Kurt Lewin's (1933) experimental construction of the latter is especially apt, if not unquestionable mental hygiene. A child, for example, continually impelled to open a gate it is impossible for him to open, may blow up in a tantrum, grovel on the ground, till the emotion subsides sufficiently for him to become substitutively occupied, as with fragments of gravel and other detritus he finds there, by which he forgets his distress about the gate. Lewin, perhaps unaware of the status of this and allied observations (and their symbols) in psychiatric history, gives it the name "going out of the field:" the background is that enunciated by Woodworth and by James before him, not to say Adolf Meyer, Janet, Jung, and the psychoanalytic group generally. The human personality has the adaptive property of finding satisfactions at simpler levels when higher ones are taken away, fortunately so if this keeps him out of a psychosis, otherwise if it stabilizes him in contentment at this lower level ("going native") or if the satisfactions cannot be found short of a psychosis (MacCurdy, 1925, p. 367). All such cases have the common regressive factor of giving up the higher-level adjustment (opening the gate) with regressive relief at a lower level (playing with the gravel)."[218]

Another illustration given by Wells emphasizes features of the concept that are valuable to us:

> "Consider, for example, the group of drives that center about the concept of self-maintenance, the "living standards" of civilization. This means the pursuit of the divers means to surround oneself with the maximum of material comfort in terms of residence, food, playthings, etc., for the purchase of which one can capitalize his abilities. That the normal individual will do this to a liberal limit is taken in the local culture as a matter of course, probably more liberally than the facts justify. For this pursuit involves a competitive struggle beset also with inner conflicts (e. g., ethical), which by no means everyone is able to set aside. Among regressions specific to this category are those undertakings of poverty common to religious orders, but this regression is quite specific, since these orders often involve their members in other "disciplines" from which the normal individual would flee as far (Parkman 1867, Chap. 16). It is quite certain, though hard to demonstrate objectively, that many an individual in normal life regresses from these economic conflicts only in less degree. He does not take the vow of poverty like the monastic, nor does he dedicate himself to the simplified life of the "South Sea Island" stereotype, but he prefers salary to commission, city apartment to suburban "bungalow," clerical work to (outside) sales."[218]

A thought expressed by William James in 1902 and quoted by Wells deserves renewed attention:

> "Yonder puny fellow however, whom everyone can beat suffers no chagrin about it, for he has long ago abandoned the attempt to 'carry that line,' as the merchants say, of Self at all. With no attempt there can be no failure; with no failure no humiliation. So our self-feeling in this world depends entirely on what we back *ourselves* to be and do. It is determined by the ratio of our actualities to our supposed potentialities; a fraction of which our pretentions are the denominator and the numerator our success: thus, Self-esteem=Success/Pretensions. Such a fraction may be increased as well by diminishing the denominator as by increasing the numerator. To give up pretensions is as blessed a relief as to get them gratified; and where disappointment is incessant and the struggle unending, this is what men will always do. The history of evangelical theology, with its conviction of sin, its self-despair, and its abandonment of salvation by works, is the deepest of possible examples, but we meet others in every walk of life. . . . How pleasant is the day when we give up striving to be young—or slender! Thank God! we say, *those* illusions are gone. Everything added to the self is a burden as well as a pride. . . ."[218]

Something relevant to the points now under consideration may be found also in Sherrington's comment on reactions (or inlaid precautions) against unbearable pain or stress in the human organism. He says:

> "Again in life's final struggle the chemical delicacy of the brain-net can make distress lapse early because with the brain's disintegration the mind fades early—a rough world's mercy towards its dearest possession."[190]

There are, it seems, many ways for this to occur without signs of any change which we yet have objective means to detect, chemically or microscopically. Such changes may occur under the stimulus of agents that do not have direct physical contact with the brain, or with any part of the body.

Withdrawal, or limitation of one's quest in living, appears in many forms. Though the decision for taking such a step may be consciously voluntary, it seems likely that many influences less clear and simple also play a part. In the earliest years of human life a great deal of complicated shaping must occur, with adaptive changes to promote survival by an automatic refusal (inability) to risk one's feelings (response) in the greatest subjective adventures. In adult life such decisions sometimes emerge in clear deliberation.

A man seen many years ago needed and sought understanding from his wife in a relation which, for many reasons, they had not been able to achieve. None of his problems were related to those of the psychopath. Had he been a little more like these patients the particular disappointment, loneliness, and distress which influenced him could never have arisen. In a note he refers to a recent failure to reach her after some years of complexly emotional alienation.

> "Two things emerged in my awareness after an hour of outward harmony; of nothing but conciliatory affection in her words, or in mine: (1) the way her mind closed automatically at the only point possible for me to enter; (2) the total absence of cruelty, or even of intention, in the response that settled the issue. I cannot endure that again. I can make myself believe that it doesn't matter. I will live by myself and nothing will hurt me any more. I apologize for cancelling the appointment."

Such words, standing apart from the situation, convey little or nothing of the distress from which the person withdrew. Perhaps they will illustrate the act of turning away.

The activity of the psychopath, too dramatically perhaps, might be called a kind of protracted and elaborate social and spiritual suicide. From this point of view his behavior suggests that he finds greater and more desirable accomplishment (or relief) in this regressive process than is offered by such an act as promptly killing himself.[34] The more complex, sustained, and in many respects more spectacular, undoing of the self may become very dear to him, for he seldom allows physical suicide to interrupt it. Be it noted that such a person retains high intelligence and nearly all the outer mechanisms for carrying on the complicated activities of positive life. It is to be expected then that his endeavors in the opposite (regressive) emotional direction will be more subtle and far-reaching than those of a less highly developed psychobiologic apparatus. The average rooster proceeds at once to leap on the nearest hen and have done with his simple erotic impulse. The complex human lover may pay suit for years to his love object, approaching her through many volumes of poetry, through the building up of financial security in his business, through manifold activities and operations of his personality functions, and with aims and emotions incomparably more complicated and more profound than that of the rooster. With all these functions working in reverse, essentially motivated by the impulse or the gravitation toward relative nonlife, the patient with semantic disability woos disintegration with similar deliberation and elaborateness. His conscious or outer functioning maintains an imitation of life that is uniquely deceptive.

PART 2

Etiological Considerations

Chapter 62

INTERPERSONAL INFLUENCES

IF, in the so-called psychopath, we have a patient profoundly disordered in a specific way which I have tried to indicate by the term *semantic,* how, we must inquire, did he get that way? Reference has been made to the traditional viewpoint from which it was assumed that inborn organic defect left these people "constitutionally inferior" or "moral imbeciles," etc. Such a congential defect, it must be readily admitted, may exist and may account for the failure to experience life normally and hence to react sanely.

While such a possibility should not be excluded from our speculations, I feel that there is little justification for embracing it as a fact. No neuropathologic or other changes chemical, histologic, etc. have been demonstrated as evidence of such a defect. Such evidence may be discovered and, if so, may support this assumption still so popular among psychiatrists. The belief, once almost universal, that these "constitutional inferiors" came from families loaded with *stigmata of degeneration* and signs of *neuropathic taint,* etc., finds no confirmation from the observations reported here. It is worth-while for us to remember also that statistical studies giving evidence of hereditary factors are notoriously fallible. Even the apparently overwhelming proof of such an explanation obtained in comparative studies of the Jukes and the Jonathan Edwards families does not stand up under subsequent examination as particularly convincing.[207] I have seen little if any more evidence that the psychopath inherited his qualities from antecedents than that such factors are the chief determinants of the psychoneuroses and the orthodox psychoses.

It has been argued by some that the psychopath's typical symptoms appear in his earliest years and that this along with the usual persistence of his disorder despite treatment indicates that the disorder is therefore constitutional, in the sense of being inborn. This argument carries weight and deserves consideration. On the other hand, as pointed out by Preu, there is abundant evidence that environmental influences very early in life are major factors in the development of behavior patterns. The same observer notes that assuming our therapeutic failures to prove that the etiology is hereditary and unmodifiable is "flattering to psychiatry" but fallacious in view of our far from perfect record elsewhere. Preu's analysis of the problem is succinct, interesting, and without signs of the strong bias so often encountered in this area.[175] *Constitutional* is sometimes used to imply what is very deep-seated or nuclear, without assuming that this is necessarily hereditary or altogether a static inborn defect. To so many, however, the word automatically invokes concepts of congenital deficiencies or other rigidly laid down and unmodifiable patterns of behavior that it is likely to inject unproved assumptions into a problem already sufficiently complex.

A few years ago numerous observers reported records of electroencephalographic abnormality in psychopaths.[74, 123, 191] This was welcomed by many as more or less conclusive evidence of an organic disorder. Subsequent studies, failing to confirm these findings, strongly indicate that evidence of electroencephalographic abnormality is by no means established in the psychopath.[71, 193]

Though many psychiatrists today,[137] like Campbell,[28] maintain strong convictions that disorder of this sort is primarily the expression of neurologic (organic) pathology, I believe that, while this explanation deserves every consideration as a possibility, there is little to support it as a definite conclusion and insufficient evidence to indicate it as a strong probability. If a moment of speculation along this line be allowed, we may say here that great differences of potentiality (intellectual, emotional, etc.) seem probable among human beings. In these differences, it seems reasonable to believe, lie varying susceptibilities to failure or to psychiatric disorder. Such susceptibilities are not necessarily defects or intrinsically negative qualities.

May not superior emotional responses contribute to a boy's developing oedipal attachments that can prove crippling in the degree to which he has capacity for loyalty? May not the precociously brilliant child, because of his advancement, encounter deep personal and social problems earlier than the average? And sustain trauma that he might have avoided with additional experience? Such experience may be available to the mediocre who, in his slower progress, meets the confusing situation a little later. Those whose feelings are highly developed are more susceptible to hurt than others. The goals of the superior person often demand of him and of the world what the average never has to face. Disillusion and suffering because of frustrations escaped by most of his fellows may, in the child of great talent and potentiality, stimulate attitudes of withdrawal and cynical rejection or other pathologic reactions. Exceptional talent or capacity seems almost regularly to call for exceptional achievement or fulfillment, to put the subject under extraordinary responsibility and into situations peculiarly complex. Courage and initiative lead man not only to take physical risks but also into subjective ventures of many sorts with many dangers.

What we value in some as steadfastness probably arises from potentialities that, through different shaping, emerge in others as incorrigibility, inelasticity, or perhaps as those elements which may make a psychiatric disorder irreversible.

Granting the likelihood of great variation in the basic potentialities of the organism, let us not forget that in so complex a matter as personality maturation and social adjustment not only defects but talents also may contribute to conflict, to confusion, to distortion of the life pattern and, perhaps, to serious clinical disorder. Even if substantial evidence should arise to indicate important inborn causes for the disorder we call semantic or for other psychiatric syndromes, we should scarcely be justified in ignoring the tremendously important shaping forces of the milieu which operates continuously from birth to death. Noyes's comparison of the inborn potential with ore in the mines and psychogenic factors with the processes by which this is made into machinery (of various sorts and qualities) seems apt and is worth bearing in mind.[102]

Though obvious, it is perhaps also well to emphasize the fact that distinctions between organic and psychogenic are sometimes far from absolute. Organic changes in the organism must occur not only in the psychopath, the schizophrenic, and the hysterical patient, but in all people in response to every item of experience. He who learns French, gets married, dissects a cadaver, is frightened by a dog, or looks up a new word in the dictionary can scarcely be conceived of as emerging with the synaptic patterns of his nervous system entirely unchanged. It would not be profitable to confine our concept of what is organic to the cellular level with so much already known which indicates that molecular and submolecular changes (colloidal, electrochemical, etc.) are regularly resulting from our acts of learning or, if one prefers, from all of our conditioning. He who has ever known a miser, an honest man, a bigot, a golf enthusiast, or a person who genuinely loves another, will not have to be told that such changes can be enduring.

The most impressive point suggesting that inborn factors play a major role in the psychopath's disorder, in my opinion, is the observation that the same pattern of maladaptation extends back into early years of life. This is a frequently mentioned characteristic and some patients studied personally have been reported as showing, even in infancy, rather typically deviated behavior. In others, however, as in Kraepelinian dementia praecox, only good or superior adjustment occurred until adolescence came with its familiar storms. Still others have shown little to indicate such a pattern until later, a few not until adult years.

In view of the fact that immature behavior and attitudes of relative irresponsibility are commonly seen in children and adolescents, it is often difficult to determine precisely when a seriously pathologic pattern began. Parents are frequently unaware of antisocial or delinquent behavior in their children and accurate histories may be difficult to obtain. Wishes and hopes may distort observation by those personally concerned and the patient himself is seldom to be relied upon for a factual account.

Whether as a result of congenital factors or of very early and very severe interactions with the milieu (or of both), it is characteristic of the disorder to appear early and usually to persist relatively unmodified by therapeutic influences. This is true of those patients in whom the pattern has been long established and whom we think of as showing the full manifestations. There are, however, many who in episodes of varying length during maturation fulfill temporarily all the diagnostic criteria. Those who clear up we do not usually call psychopaths. There is, nevertheless, reason to feel that in them the same pattern of disorder occurred in milder degree but did not progress or become fixed and irreversible.

Not so many years ago dementia praecox was generally believed to be a psychiatric disorder beginning at puberty and regularly persisting and progressing. Now that psychiatry deals with people throughout the community rather than with only such a group as those committed to state hospitals forty years ago, we see that schizophrenic reactions are often brief episodes and that many begin this particular pathologic pattern but do not follow out the course charted by Kraepelin. This has taught us that some points once believed essential to a description of schizophrenia, though still pertinent to the selected group of those who don't get well, fail in their application to schizoid illness as a whole.

In my opinion it is likely that the other pathologic response to life which we call semantic disorder also occurs often in those who recover or who develop only part of the clinical syndrome and who, therefore, not meeting our present diagnostic criteria, are not considered in the formulation of our concepts.

In this connection it is interesting to recall a young woman who, after having both manic and depressive illnesses, developed behavior wonderfully typical of the classic psychopath. Without euphoria, increased psychomotor activity, excitement, unusual talkativeness, or any other characteristic of even a mild manic reaction, she calmly behaved with a complete disregard for her former evaluations. Like the psychopath, she verbally and theoretically showed sane and appropriate reactions. Her illness promptly terminated with shock therapy. Perhaps one should not say that this patient was for a few weeks a psychopath; but she did appear to react not in the familiar manic or depressive pattern, but in a behavior perfectly consistent with semantic disorder and with that picture only.

Surveying the information available on our patients, many incidents emerge which one can presume might have been seriously traumatic or distorting, which perhaps played causal roles in their maladaptation. Not a few of the typical experiences reported in psychoanalytic literature as significant appear as we review these histories.

Similar incidents appear in the background of other patients and, of course, in the background of healthy and happy people. Events of the sort which one feels might account for psychopathology are available, but just what these meant to the patient, how much and in what way they influenced him, seems to be peculiarly difficult to evaluate in those whose disorder is semantic. It has not usually been possible to put together into a dynamic and consistent pattern the event, the personal reactions to it, the development of a pathologic adaptive scheme that satisfactorily explains the picture we see. The opinion has already been expressed that this is not always successfully done with patients of other types. The psychopath, however, seems to present a peculiar difficulty.

Often experiences reported by the patient are proved later to be falsehoods. Screen memories, however unfactual, are considered of significance and by some as having significance comparable to that of actual events.[62, 70] In the typical psychopath it is, however, hard not to be skeptical about one's accuracy in evaluating either the real experiences or those he reports which did not occur.

Other and better methods than those available in the present studies may succeed in producing far more satisfactory dynamic explanations. Considering the experience of colleagues to whom some of these patients were referred for analytic investigation and therapy, it still seems to me that they are less regularly accessible by any method than other patients. What Partridge expressed long ago still seems pertinent:

> "Notoriously the psychopath has eluded analysis in a strict sense. The urge to cure or reconstruction does not enter into his realm of desires. He has generally rationalized his conduct so that he accepts himself well, is pleased with his manifest attainments and methods, so that we may say that the psychopath is one whose conduct is satisfactory to himself and to no one else."[171]

The nature of the psychopath's disorder, the lost elements of reactivity which do not enter at semantic levels into his behavior, account for much of the difficulty in getting at the sort of information by which he might be adequately interpreted in dynamic terms. Another difficulty lies in the way of one's attempts to evaluate his early life situation through what one can learn from and about his parents, siblings, etc. The difficulty here, though not confined to cases of this sort, lies in how often families may appear, to the community and to themselves, happy, successful, and well adjusted, and yet in their inmost interpersonal relations lack something exceedingly important.[178]

In the patients presented here, social-service reports and all ordinary information usually indicated normal and helpful family attitudes and general environments. The families themselves often impressed the examiner as good, healthy, wise, and eminently well-adjusted people whose children were particularly fortunate because of what they could offer as parents. When opportunities arose, as they sometimes did, to learn more of matters inward, subtle, and deeply personal, one was frequently led to suspect, and sometimes to believe, that even in these apparently superior parents there were attitudes, frustrations, emotional confusions, and deficiencies that might have played a masked but crucially adverse role in the infinite complexities and paradoxes of parent-child relationships.

This is not to say that the parents were wrongly judged as conscientious or as superior people, or that in many important respects they were not well-adjusted. Despite conscientiousness and a good deal of wisdom and success, characteristics may exist which subtly but trenchantly distort the milieu of an infant or a child.[178]

People may be fair, kind, and genial, may hold entirely normal or even admirable attitudes about all important matters and yet unknowingly lack a simple warmth, a capacity for true intimacy that seems to be essential for biologic soundness (substantiality) in some basic relationships. There are men and women of whom it might correctly be said that it is impossible for them ever to become really personal. This aspect (or ingredient) of human experience is difficult to describe or to signify accurately. We do not encounter it squarely in thinking but feel it in perceptive modes or at reactive levels not readily translatable into speech.[73]

Some who show only superior qualities in all their activities as citizens, in their work, and in all definable responsibilities feel little need for the sort of specific attachment and affective closeness which perhaps constitute the core of deep and genuine love. They also seem to have little perception of such a need in others. There are people who show in changeless formality, poise, and cool "sensible attitudes" outer indications of what is being discussed, but it is not they who concern us at present. In others, genial informality, manifestations of more than ordinary warmth may prevail in relatively superficial friendships and routine social contacts, in professional and business associations, at dinner parties, and at club meetings. Where intimacy is normally limited they may be spontaneous and show cordiality as real as anything appropriate for such occasions. Their inner formality and remoteness is not encountered until the observer approaches areas of privacy, deep levels of personal affect that ordinarily are only reached in relations between mates, between parent and child, or in the few other very intimate and cherished friendships or sharings of personal understanding and feeling that man never achieves in wholesale lot. Parents of this sort are likely to give a universal impression of affording each other and the child all that is ideal, and affording it in abundance. One such parent will, however, leave the other (if normal) so deprived in essential needs that the child may be turned to for the exclusive and possessive intimacy normal between mates but full of pathologic potentialities in the other relation.

The observations reported by Kanner in his study of infantile autism magnificently illustrate what is being discussed here, something very difficult to convey in generalities. Let us turn for a moment to what Kanner has noted in these autistic infants and in their parents.[111]

The obvious and extreme emotional isolation of the patients need not be fully described here. Some of these intelligent children remain literally mute despite an excellent command of language which they display in emergencies. The withdrawal and loss of personal relations are apparently as profound as in adult schizophrenia. Of them Kanner says:

> "The infants seem unusually apathetic, do not react to the approach of people, fail to assume an anticipatory posture preparatory to being picked up, and, when they are picked up, do not adjust their posture to the person who holds them. They shrink from anything that encroaches on their isolation: persons, noises, moving objects, and often even food. They seem happiest when left alone.
>
> "It is," he continues, "customary to evaluate the hereditary element in the schizophrenic. Such an inquiry into the ancestral background of autistic children is entirely fruitless if one limits oneself to overtly psychotic or hospitalized relatives. . . . It is even more remarkable that almost all adult relatives have been rather successful in their chosen careers. The fathers are scientists, college professors, artists, clergymen, business executives; there are a few psychologists and psychiatrists among them. Many of the fathers, grandfathers, and uncles are listed in some of the *Who's Who* compilations or in *American Men of Science.* All but five of the mothers of the 55 children have attended college. All but one have been active vocationally before and some after marriage as scientists, laboratory technicians, nurses, physicians, librarians, or artists.
>
> "My search for autistic children of unsophisticated parents," Kanner says, "has been unsuccessful to date. This astounding fact has created a curiosity about the personalities of the parents, their attitudes and resulting behavior towards the pa-

> tients, and the possible relationship between these factors and the presence and structure of the children's psychopathologic manifestations."[111]

It is worth our while to follow in some detail Kanner's remarkably well-expressed observations about the parents, not of psychopaths, let us remember, but of these autistic children. He says:

> "Nevertheless, aside from the indisputably high level of intelligence, the vast majority of the parents of the autistic children have features in common which it would be impossible to disregard. The outstanding attributes may be summed up as follows:
>
> "One is struck again and again by what I should like to call a mechanization of human relationships. Most of the parents declare outright that they are not comfortable in the presence of people; they prefer reading, writing, painting, making music, or just 'thinking.' Those who speak of themselves as sociable tend to qualify this by explaining that they have no use for ordinary chatter. They are on the whole polite and dignified people who are impressed by seriousness and disdainful of anything that smacks of frivolity.
>
> "They describe themselves and their marital partners as undemonstrative. This adjective and all that it implies is not offered apologetically by the parent as it refers to himself or herself, nor in any way critically as it refers to the spouse. Often parents of other children brought because of emotional problems complain with some bitterness about the husband's or wife's lack of outward show of affection. The parents of autistic children do not seem to mind. Matrimonial life is a rather cold and formal affair. There is no glamour of romance in premarital courtship, no impetuousness in postnuptial mating. On the other hand, there are no major animosities. There has been only one separation or divorce of any of the 55 couples. The parents treat each other with faultless respect, talk things over calmly and earnestly, and give to outsiders the impression of mutual loyalty. So far as can be ascertained, there are no extramarital sex relations. One father, ready, after much persuasion, to yield to the temptations of an amateur actress, suddenly found himself impotent; he went home, told his wife about it, and it was she who, without rancor, asked me for suggestions in a long-distance telephone call.
>
> "The parents' behavior toward the children," Kanner says, "must be seen to be fully appreciated. Maternal lack of genuine warmth is often conspicuous at the time of the first visit to the clinic. As they come up the stairs, the child trails forlornly behind the mother, who does not bother to look back. The mother accepts the invitation to sit down in the waiting room,

> while the child sits, stands, or wanders about at a distance. Neither makes a move towards the other. Later, in the office, when the mother is asked under some pretext to take the child on her lap, she usually does so in a dutiful, stilted manner, holding the child upright and using her arms solely for the mechanical purpose of maintaining the child in his position. I saw only one mother of an autistic child who proceeded to embrace him warmly and bring her face close to his. Some time ago, I went to see an autistic child, the son of a brilliant lawyer in a small town in Mississippi. I spent an evening with the family. Donald, the patient, sat down next to his mother on the sofa. She kept moving away from him as though she could not bear the physical proximity. When Donald moved along with her, she finally told him coldly to go and sit in a chair."[111]

These are profoundly important matters. Kanner is not talking about psychopaths, but what he reports is so pertinent and conveys so much about realities that do not come readily through words. that it will be of value to quote him further:

> "Many of the fathers hardly know their autistic children. They are outwardly friendly, admonish, teach, observe 'objectively,' but rarely step down from the pedestal of somber adulthood to indulge in childish play. One father, a busy and competent surgeon, had three children. The first, a girl, was docile, submissive, and gave no cause for concern to the parents. The second, a boy, was very insecure and stuttered badly. The third, George, was an extremely withdrawn, typically autistic child. The father, who once told me proudly that he never wasted time talking to patients' relatives, did not see anything wrong with George, who was merely 'a little slow' and would 'catch up' eventually. When nothing could shake his smiling impassiveness, I tried to arouse his anger by asking him if he would recognize any of his children if they passed him on a busy street. Far from being irked, he deliberated for a while and replied, just as impassively, that he was not sure that he would. This seemingly unemotional objectivity, applied to oneself and to others, is a frequent expression of the mechanization of human relationships."[111]*

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*In connection with such observations old phrases first heard in childhood seize a meaning they always suggest but cannot adequately embody until experience provides the material:

"Though I speak with the tongue of men and of angels, and have not charity, I am become as sounding brass, or a tinkling cymbal.

"Though I have all faith, so that I could remove mountains, and have not charity, I am nothing. . . .

"Charity suffereth long and is kind; charity envieth not; charity vaunteth not itself, is not puffed up. . . .

"Now abideth faith, hope, charity, these three; but the greatest of these is charity."

Kanner's full report must be studied to appreciate adequately what is brought out. Let us, however, quote a few more of his observations on this group of parents:

> "The void created by the absence of whole-hearted interest in people is occupied by a devotion to duty. . . .
>
> These people, who themselves had been reared in emotional refrigerators, have found at an early age that they could find approval only through unconditional surrender to the standards of perfection. . . .
>
> "The obsessiveness of the parents of the autistic children was a veritable boon to me with regard to the case histories. Few children have ever been observed by their parents with such minute precision. Every smallest detail of the child's development, utterances, and attributes had either been recorded in voluminous diaries or were remembered by heart. The parents recalled the exact number of words which the children knew at a certain time, the exact number of nursery rhymes the children would recite, the exact body weights at specific intervals. Even the surgeon who was not sure he would recognize his children if he met them on the street knew promptly and correctly all about the patient's developmental data.
>
> "But the same obsessiveness was a major contribution to the impersonal, mechanized relation with the children. The parents, apparently unable to derive enjoyment from the children as they are, work for the attainment of goodness, obedience, quiet, good eating, earliest possible control of elimination, large vocabularies, memory feats.
>
> "The child is essentially the object of an interesting experiment and can be put aside when he is not needed. . . . The first intimations that all was not well came to the parents when [this] child was 13 months old. At that time, they returned from a trip which had taken them away from home for several days. The child did not even look up when they came close to her and, when touched, seemed 'stiff and indifferent.' When seen at our clinic at five and a half years, she was extremely withdrawn, obsessive, had a phenomenal memory for names, was marvelous with blocks . . . etc. . . . She did not use speech for the purpose of communication. . . .
>
> "It can be said of only a few of the children that they were rejected in the sense in which this term is ordinarily understood. The majority of the children were not unwelcome. . . . Yet the parents did not seem to know what to do with the children when they had them. They lacked the warmth which the babies needed. . . . They were anxious to do a good job.
>
> "I have," Kanner continues, "dwelt at some length on the personalities, attitudes and behavior of the parents because they seem to throw considerable light on the dynamics of the

> children's psychopathologic condition. Most of the patients were exposed from the beginning to parental coldness, obsessiveness, and a mechanical type of attention to material needs only. They were the objects of observation and experiment conducted with an eye on fractional performance rather than with genuine warmth and enjoyment. They were kept neatly in refrigerators which did not defrost. Their withdrawal seems to be an act of turning away from such a situation to seek comfort in solitude.
>
> "One is entitled to wonder," Kanner adds, "why some of these parents have been able to rear other children who did not withdraw. Furthermore, I have seen parent couples who answered the above characterization to the fullest extent, yet whose offspring, far from withdrawing autistically, responded with restless aggressiveness. . . . Further, do not the personalities of the parents indicate that there are milder degrees of detachment and obsessiveness which enable a person to function and even gain a certain type of success in a nonpsychotic existence? These are highly important questions which await much further thought and study."[111]

Kanner's observations about the parents of patients with infantile autism have not been emphasized for the purpose of identifying autism with what we have called semantic disorder. The parents of the patients to whom this volume is devoted have not regularly shown evidence of what Kanner has so clearly illuminated. There is, however, reason for me to feel that degrees of central coolness, combinations and variations of what has just been discussed, and, particularly, more deeply masked but essentially similar attitudes, have played a part in the early environment of a large proportion of patients who, when we see them twenty years later, react as psychopaths. Let us again say that what influences we find reason to believe or to suspect had etiologic effect on the children who emerge as psychopaths seem distinguished not by obvious features but by a mixed, disguised, and complex nature.

No parents being perfect, it is true that the early environment of all people would probably show, under adequate examination, many factors of pathogenic significance. An event or a specific affective influence must be considered not only per se but in relation to what has gone before and what follows. The accidents of timing may be crucial, and ostensibly trivial sequences, in cumulative effect, may become major and sinister subjective events, though invisible or almost invisible from without. Walking across the street doesn't ordinarily prove fatal, but sometimes a child, while crossing the street, may hesitate to look up at an airplane just as the man driving the car turns his head for a moment in response to what is disclosed at the curb where a gust of wind blows up a girl's skirt.

The disorder we have called semantic is presented as a subtly pathologic reaction which does not appear in what one sees on the surface. The influences and possible influences from the environment which seem most likely to have played a causative role have, rather characteristically, also been not gross or readily discernible as such, but arcane, hard to elicit and, one would think, therefore particularly confusing to him who must deal with them.

Chapter 63

SURMISE AND EVIDENCE

IN several of the cases reported here, the patients revealed, through subsequent years of contact, many indications of a basically unhappy home situation. In one of these the parents' marriage was apparently a relation in which both husband and wife by their virtues succeeded in avoiding the customary manifestations of their unfulfillment in each other, of their unadmitted but deep frustration. It does not appear that they failed to love each other in many senses of that word, but there is a good deal to indicate a serious lack of response to each other as mates, a lack not confined to sensual matters.

Whatever hollowness or disillusion each sensed in the guarded privacy of his own awareness (or a bit beneath awareness) was bravely suffered, and outer indications of chagrin or complaint were avoided in the best traditions of honorable conduct. The missing of fulfillment was, it seems, attributed to the universal fate of man and with little or no conscious cynicism both marital partners found considerable compensation in constructive social activities. The spontaneity and personal contact lacking in relations between the man and wife were not lacking in the less crucial relations each had with friends and acquaintances. In fact, they both were more than ordinarily sociable, informal, and even fun-loving. They did not, however, have either delight or real understanding together. What could not be fulfilled in the most important channels sought outlet in secondary relations and activities, enriching these beyond what is ordinary. Without insincerity this surface of happiness conveyed strong impressions that the couple was proportionately happy in central areas. Such an impression they themselves apparently shared.

Both husband and wife, adequate, mature, and wise in so many respects, were able to avoid neurotic symptoms, sexual infidelity, cynicism, etc., despite their deprivations, but even by intelligent and commendable efforts they were, it seems, unable to convey to their child many feelings for which his need was extreme. It would not be correct to say that they did not offer affection or that they were consistently too strict or too lenient in matters of discipline or teaching. From the patient, thirty or more years later, it was not possible for me to obtain information that seemed a reliable guide to what his own real affective reactions might have been.

In the integral processes of supplying the complex emotional needs of their child, it is not hard to believe that their handicaps were comparable to that of one, however wise and learned, who must undertake to make love chiefly with his intellect. There is no proof of it but some reason to wonder if this boy gradually realized (or somehow reacted to) the fact that centrally in his parents (and, therefore, in his universe) something essential was missing or somehow unreal. If so, it is likely that he never succeeded in comprehending the nature of what he surmised only by its absence.

Available clues are tenuous. The apparent facts are not always unequivocal. There are, however, some indications that not by severity but by overgenerous praise and commendation their child was encouraged to accomplish a good deal more than he could without undue effort. In weaning, sphincter control, and in subsequent matters he was somewhat precocious. For a number of years he seemed so responsive to the fear of disappointing his parents and to the goal of pleasing them that overt measures to control or correct him were seldom needed. He appeared to be a very happy and affectionate child. When disquieting manifestations began in his teens the parents, startled and unprepared, tried valiantly to correct the situation. Sometimes leniency (understanding) seemed proper, sometimes judicious penalties (to help him learn) were imperative.

Since no course of action seemed to help at all, it is not necessary to presume that they were particularly unwise because they tried many.

Aside from complex situations like that to which reference has just been made, many incidents come to mind in the lives of such patients which might contribute rather obviously to their malfunctioning. These, as they are reconstructed ten, twenty, or thirty years later, may not be identical in every small point with what occurred, but there is good reason to feel that they are fair approximations. Let us list in the barest detail a few among many:

A boy of six, having seen the word P——y scrawled on fences and having noted that it aroused interest, carefully printed out the five letters on a scrap of paper and slipped it to a girl sitting near him in the schoolroom. She took it at once to the teacher, who marched the boy dramatically from class and to the principal, from whom he received a sound thrashing. At home that night he mentioned at the supper table that he received a whipping in school. When asked why, he gave the straight story and, still ignorant of its meaning, pronounced boldy the forbidden word. His father, stony-faced, arose, took him upstairs, and with no explanation before or after repeated, with far more thoroughness, the principal's earlier punishment. A couple of years later the same boy, now spending the night at the house of a preacher widely known for his interest in young boys and their problems, was confused, startled, and horrified by the adult's attempts to perform fellatio with him. He ran from the house, feared to return home, spent the rest of the night in a barn.

Later he was severely punished for having left the preacher's house without permission and under what seemed to the family rather odd circumstances. He was afraid to tell what happened. He did not, in fact, know just how to tell it.

It is not surprising that parental pampering or spoiling has been thought of as a possible cause for the psychopath's later behavior. It is true that in many respects these patients suggest a badly spoiled, self-centered child who insists on having his way immediately and without regard of cost to others or to their rights. It is true that these extremely pampered children tend not to weigh properly the unpleasant consequences logically to be expected from carrying out injudicious acts. The overindulgent, overprotective parents, by intervening, spare them the painful effects in such situations, and this tends to spare them also some learning that they will need.

It has been surprising to me that reliable evidence of such overprotection and giving way to every whim has not been found more often in the background of the psychopaths referred to in this volume. This is not to say that such evidence is rare but that it has not been regularly obtainable or sufficiently strong to encourage one to feel that the cause of the disorder can be accounted for simply on such a basis. It must not be forgotten that a good deal indicating excessive pampering can be obtained by thorough investigation of many other people in their early years.

There is good evidence indicating that one of the most badly disordered of the patients mentioned here was extremely pampered by a grandmother who lived in the same house with him during his infancy and early childhood. She probably was in closer contact with him than his mother and was more often responsible for his care. There is reason to believe that she spent most of her time gratifying his every impulse immediately, actively entertaining him, and fondling him excessively. In her estimate he could do no wrong. Friends of the family twenty years later recalled that when she was out pushing him in the carriage he howled with exasperation if she stopped for a moment to speak with some acquaintance. She did not attempt to stop after the first few times but allowed him to keep her constantly going. Finding it to his taste when she shook or jiggled the carriage, he began to cry even when the carriage was in motion unless she also kept it jiggling. In other respects it seems that she was similarly overindulgent. How much this factor contributed to the patient's later difficulties I am not prepared to say.

During her entire childhood and adolescence a girl found herself competing with an older sister who not only made high marks in school but also was notably charming, talkative, and the life of the party. Failing to approach the sister's record at school, she redoubled her efforts to be equally as brilliant conversationally, as gracious, and as spectacular.

A style of behavior spontaneous in the sister became what might be called an automatic affectation in the younger girl. This was not evident as self-consciousness or stiltedness but on the contrary emerged as a peculiarly glib facsimile of high spirits and dominant charm. In a sense this charm worked. Little sister was very popular indeed. But she was primarily competing rather than expressing herself, and what enjoyment she obtained was from pure contest rather than in real human relations.

She could not to her own satisfaction displace the elder sibling from her position in her parents' esteem. The world, as conceived by the patient, could not be made over to contain both girls happily. The contest was gradually shifted. Unsatisfied by the returns that registered on the emotional scoreboard, the ingenious competitor found that convenient changes had begun to occur (spontaneously!) in the rules. The very nature of the strife became not what she heretofore, in her less complete comprehension, fancied it to be. New ways of scoring revealed themselves; goals formerly unseen were discovered—goals more accessible and practicable. In fresh areas and directions of activity it was not only easy to outshine the smug tinsel goddess, but these improved features and new aspects altered dimensions and horizons, beautifully revolutionized the frustrating horse-and-buggy world from which she found escape. She not only excelled but found the now streamlined contest in itself an adequately satirical critique of the antiquated mirage in which big sister was left floundering.

Illicit impregnation by a Nazi war prisoner whose escape she assisted, abortion, marriage to a man who honored and adored her, seduction of a middle-aged itinerant preacher and of the husband's young uncle, all came in sequence. The husband traveled and she sometimes passed a week end in the hotel being lightly enjoyed in fornication by celebrating members of a fraternal order in convention. Other week ends she might devote to a group of girl-scout Brownies, skillfully coaching them in bird study and incidently giving sound advice about the problems and adventures of growing up.

Almost constantly during the last year, a well-behaved boy had brooded a good deal about sexual words, innuendoes, and scraps of conversation. In all other respects he was an accepted member of the group. He was good at games and lively in spirit.

A long time before, after he naively asked the meaning of a forbidden word, his mother, her face a little flushed, told him never to say that again and asked him never to join in discussions when boys used "such words" or did "those things." His father (who had taught him to swim before any of the other fellows could) then dropped, from time to time, puzzling but impressive general remarks about "manliness," "clean minds and bodies," about activities that, by implication, were made to seem more foul that what any words could specifically designate. His father, at all other times so natural and hearty, despite brave efforts at casualness, seemed like another person when reference was made to these matters. A peculiar formality and restraint closed off the subject, made it entirely impossible to inquire further. Soon a guilty, inexplicable embarrassment arose to block or distort every impulse to seek information from people about anything related to these mysteries.

Though he was on his honor about this matter more than about any other, he could not resist his impulse to pick up every bit of data he could from what the fellows said. He often prolonged his time in the schoolyard latrine to overhear some of the allusions and the suggestive, but still bewildering, remarks so often made there. Being on his honor, he could not join freely in such talk or ever use one of the words, but by indirection he picked up a good deal. His painfully maintained aloofness on this one subject led the others, in a sort of teasing, to turn the conversation toward it, then mysteriously to break off, smiling or giggling at the chagrin he could not quite hide, though his embarrassment helped cloak his guilty but frantic interest.

When he first learned, long before, that his own parents must necessarily have done something of this sort (though probably not quite what the boys talked about) he had not only felt that the whole world was filthy but also feared everything good must be a mocking fraud. Even the memory of those feelings had blurred over the years and he now usually skipped the inclusion of that awful fact as he thought with warm and tender affection of his lovely, perfect Mother, of Dad, who was not only the finest man that ever lived but also the *strongest.* Some had laughed when he'd explained that Dad could, with one blow of his fist, knock the front door to the school not only down but all to pieces. They didn't know what his Dad was really like—or how much fun he could make you have.

He had been recently worrying an awful lot about Mother. Dad was worried too, though he tried not to show it. When he found Mother crying he couldn't get her to explain what was the matter. Time after time he would come in suddenly from the yard and surprise her looking out the window with silent tears streaming down her face.

Once in the middle of the afternoon, she was lying across the bed, her arm held tight across her eyes, her whole body shaking as she sobbed. And there was that time, after she'd been having those terrible headaches and before the doctor had said she didn't really have a tumor on her brain . . . . That time he was so worried he could not go to sleep and heard them both speaking in such a terrible way to each other. He couldn't believe it was Dad and Mother. That's why he went down the hall and stood outside the door to make sure.

When the cook was talking over the phone to the other cook he found out more about how it concerned "that woman" and how the cook felt so sure Dad was doing some kind of horrible and dirty thing. That all tied in with what he'd heard Mother say that night about Dad's "killing her" and her wanting to be dead. The worst monstrosities that came into his thought he denied or evaded, but always his fears and speculations ran through shameful and foul regions indicated by the things he heard at school.

He had a fairly accurate idea about that act some of the words referred to and was glad he knew now that it didn't go in where he'd first thought it did a long time before. For a good while after that he thought maybe the baby came out there. He didn't put all his scraps of information into any consistent pattern. When he'd try to make them fit, like the pieces of a jigsaw puzzle, they began to shape into a picture he simply couldn't face.

He found himself excited and gratified by accidental, sudden contact with paradoxically delicious fragments of this offal or carrion which seemed to float all about through the medium in which he lived. He tried to avoid it in his thought but he couldn't tell it was near until it touched him. Often it seared and befouled him simultaneously, but again another bit would arouse and thrill him imperatively. For instance those sensations when he was climbing the tree and how they connected with his vivid thoughts about the sixth-grade girl who'd been tactfully reproved by the teacher during study period about jiggling her leg. . . . The teacher had given a little talk later about ladies behaving so that gentlemen would always think of them as creatures with shoes attached to the hems of their skirts.

The teacher was right. Because that's the way you thought of Mother. But the rhythm of that big girl's leg ran almost like something scalding through his senses, and fancy, breaking away like a horse in panic, swept under the skirt, tried to avoid correlations with the shock of that picture in the old anatomy book (red! slimy! raw! hair-fringed! bloody?), then (catalyzed by sensations from the contact of climbing) accepted and embraced in imagination more vivid than ordinary perception the very details and qualities that were most disgusting and found them indescribably sweet to his taste.

After that, every night when he said his prayers he put in a good deal about help in his struggle against being as he was. He prayed as long about that as he did for Dad and Mother to be all right and to be happy again. No longer a perfunctory habit, his prayers had become earnest and long. When ideas about this woman who had something to do with the mysterious and terrible trouble came to his mind, he found himself silently using some of those filthy words of hate (those referring to excretion and to coitus). Nothing less could embody his rage toward anybody who harmed Mother and Dad, and his impulse to protect them and to retaliate.

He wouldn't admit that Dad himself was really doing any of the things like those that haunted the fringe of his mind. He wouldn't admit it. But down underneath he knew that for such acts to occur Dad would have to be in on them, too. He asked God to forgive him not for hating "that woman" but for the words. It wasn't, after all, like actually saying them, but he would do his best to stop.

Now a lot of things happened in succession. His young aunt (a small but generously developed and very sexually interesting girl in her late teens) spent the week end. She playfully pulled him on her lap, half tussled with and half embraced him. (She was fond of him, was nonerotically teasing, but also she probably had a good many more sex impulses behind this than she realized.) She felt like nothing he had touched before and more that way than anything he had ever imagined. Later he couldn't help but steal a lingering look at her through the half-opened door as she lay reading on the chaise lounge in her room. She had on only an almost transparent night gown. It was sort of pulled up a little, and half-slipping off the shoulder, and her soft legs were carelessly disposed, privacy being presumed. He did not see enough to answer any of the questions that had for so long been stimuli of cringing shame and agonized delight, but he sensed as he never sensed before something about what this worst of all sins might be.

He was far from ignorant about the generalities. He had picked up a good deal from the boys' talking. And of course he'd seen not only the chickens but the dogs too. Elements of the picture that emerged he'd reject, deleting something here, blurring this, distorting that. After all, people aren't animals—beasts! He was sure he'd never come near such an act before (because it would show up in your face) but that night in bed he did something with his hands while his thoughts smothered and etched into the vivid image of his aunt (and of the sixth-grade girl, and of the substitute teacher who'd crossed her legs on the platform!) with such heat and lascivious adherence that it almost seemed he might destroy all three of them in his paroxysms of vile delight. He was like a man so frantic and famished with thirst that he gulps all the poisoned water he can reach, knowing perfectly well one drop will be fatal. Afterwards he sprang out of bed, fell on his knees, and begged God over and over to strike him dead if he ever again should do such a thing.

The very next afternoon while he was skating with the fellows in the park the dogs started that business, and though he pretended not to join the half-dozen who gathered about he stayed near and surreptitiously watched. The sight and the overheard comments filled him with a shuddering fascination. When one of the biggest boys took something out of his pocket and several of them approached the dogs (no longer in activity, but forlornly joined) he did not grasp what was planned. The turpentine was applied and the dogs cried out in agony. A new impact of horror drowned all his other sensations. He loved dogs. In the whooping laughter of the boys he found a cruelty as triumphant as it was vile and terrifying. Kicking off his skates, he ran with all his might across the grass, seeking a short cut in his wild flight for home.

There an event of some magnitude was taking place. His father, after breaking off the relations that so distressed and humiliated his mother, had over a period of time at last convinced her of his sincerity. She had not, however, until now been able to let herself have physical contact with him. It was the anniversary of their wedding. The man had come home early and unexpectedly from his office, had given his wife a letter that touched something inside she'd thought was dead. In her bedroom, decked with the roses that came as a surprise, she turned to him in a burst of feeling long unfamiliar to her. Acts followed with a fervor beyond anything either of them could remember. Both, as if trying to make up for a long period of misery and mistrust, threw themselves into every refinement and extension of passionate device to prolong and intensify a fulfillment that was welcomed as a loved-one might be who arises from the dead. Sure of their privacy (for their son was not due back until at least an hour later) neither sought to curtail any expression of what it was so good to feel.

This boy, fighting back tears as he sought his mother, was arrested outside the open French door which offered the best access to her room by way of the upstairs porch. Unable to enter, afraid for a while even to risk the noise of withdrawal, he received the full impact of what has been called the primal scene.[70]

In another case, attempting to look back through the preceding twenty-five years of a young woman's life, we encounter evidence of a very different set of influences. In her earliest memory loomed warnings not to shout or play noisily on Sunday. Her parents were not considered fanatical or bigoted by the community. Her father was, in fact, noted for his wit and merriment as a speaker at luncheon clubs. He always had a cordial word for everyone he encountered in the locker room at the golf club, often an enheartening or pleasantly teasing quip, sometimes a delicately risque story. He never seemed to be thinking about sin and damnation and did not tend to talk much about morals or religion. His wife, too, had a sparkle in her eye, dressed attractively, and was the envy of her garden club. Though regular members of a church rather liberal in its views, they also belonged to an unofficial interdenominational group. They had belonged to it since before their daughter's birth. As in most other activities, they early became leaders in the affairs of this group.

Most of its tenets they applied, affably but consistently, to the rearing of their children. Their oldest, whose case we are considering, found her way blocked at every turn as she sought to do as the other girls did. One must not attend the moving pictures. These, according to a major premise of the group, are often improper and irreligious. Even those films free of such qualities, some perhaps intrinsically good in their message, must be avoided because attendance would be an act supporting the Hollywood system, including the evil of divorce, the profligate living of divorcees and all sorts of unchristian principles.

No movies, and no dancing. Not even at the Y.W.C.A., where it is, however, entirely wholesome to indulge in volleyball, calisthenics, and paddle-tennis, must one participate in this improper activity. Dancing is, after all, a practice whereby young men and women arouse improper feelings and attitudes in a hypocritically disguised form of lascivious contact. And, furthermore, contact with motion!

There were no habitually stern countenances, no regular tirades or sin-scourging sermons in this particular home. With an almost jesting lightness of touch, such as some might use to point out the obvious foibles of low-grade morons, these parents tolerantly explained the error of such practices.

There were other silly and dangerous things, too, that these happy, jolly people naturally avoided. Diet was an important matter. Certain meats were avoided in some seasons. This vegetable and that fruit were especially desirable. Vitamins, if one is to utilize their real worth, must be obtained through an intricate and extremely scientific pattern of diet. If this is followed, the body receives particularly valuable ingredients which reinforce each other, augmenting vitality and enhancing specifically the human organism's spiritual capacities. Experimentation had proved that vitamins should be utilized not merely to fill the ordinary needs generally recognized as present (as in the pattern of a simple melody) but also in seasonally changing combinations—the harmonic method.

There were magazines, too advanced for just anybody to understand, that came from a distant metropolis. These pointed out such truths, along with important rituals of breathing rhythmically while doing certain exercises soon after waking up (also during daily tasks) and of repeating as one breathed little prayers for happiness, for forgiveness, for good marks at school, for a richer spiritual awareness, for financial success, or for the wen on grandmother's neck to disappear through soul force from God.

There were phonograph records to play while one prayed or exercised. These helped one breathe in proper rhythm and spoke out the things for you. Sometimes it was fun to talk along with the record. Sometimes you just thought it out.

Except for curtailments of activity on Sunday, when it wasn't right to shout or yell even if you were tickled, much of it in the patient's earliest years was, so far as she could remember, regarded as a kind of fun. As she got a little older, most of the practices (both positive and negative) began to seem irksome. Wearing the usual kind of bathing suit, going to the movies, or eating shrimp with milk were apparently more or less the same as stealing, lying, or the imperfectly understood kind of infidelity associated with Judas Iscariot.

Murder, deep hypocrisy, robbery, lying in momentous matters were not underestimated by these genuinely ethical adults. Such sins must to them have seemed so remote a danger to those living on really high religious planes, that it was naturally more practical to concentrate attention on the smaller but more likely potentialities of error. These, less obviously but just as surely, they felt, dull and finally destroy the capacity to live a truly Christian life.

It had been fun to follow the special rules for living "in the spirit" for a while. Daddy and Mom seemed to be right and to know so much more than other people. They didn't try to bother others. It was important to be polite and tolerant, not to show pride or superiority because others led ignorant and worldly lives. God was kind and forgiving and only He should judge others. Having the *truth* was a responsibility and a privilege rather than a favor about which to be vain.

She could remember when it used to be fun to chew certain foods so many times with Daddy counting and Mom sometimes winking at "ten," "twenty," etc., but as years passed you began to wonder. A skepticism, not clearly recognized as such, developed and began to spread, finally permeating the entire area of right-versus-wrong.

This invisible but progressive reaction was sometimes stimulated by contact with people not practicing the real spiritual life who prospered, who were attractive, and who seemed anything but sinful derelicts. Some of her contemporaries, whose parents were even more successful than her own, occasionally spoke lightly of or joked about many of the major points stressed as essential to acceptable conduct, to a worth-while life.

It became necessary to lie; it never really hurt anybody; there was no need to call it lying. You could avoid arguments with the family about whether or not the picture shows vitiated spiritual reactivity by merely saying you were going out to see the tulips in the park, and perhaps also that you intended to breathe rhymically and, in proper counterpoint, repeat prayers for the soul of that little brother who had been taken back by God before he was even born.

A thoughtful physician who had examined this young woman said: "It seems that she had to lie about such little things, and about such urgent things for so long that she really lost awareness of when she was lying and when she was not."

There was no distinct conflict, shame, or hurt that she could recall about deceiving her parents when she began such practices. She had thoroughly hoodwinked both parents for years in rather serious matters before the first detection. After they began to find evidence of their daughter's distinctly unspiritual activities they were kind, reasonable, forgiving, and worked steadfastly to help her make a better adjustment.

They did not underestimate the antisocial, self-damaging acts or her almost total incapacity to integrate truthfulness into her conduct. It is true that like most parents they failed to discover most of the daughter's particularly regrettable escapades. Apparently they were wise enough and good enough to realize that violent condemnation, perpetual criticism and warnings would not be efficacious as a remedy for the lying and irresponsibility that circumstances forced to their attention. They were consistently judicious and behaved, after recognizing evidence of their daughter's disorder, with what truly deserves to be called compassionate understanding.

Had they been in the ordinary sense fiercely fanatical people prone to call down God's wrath and scathing human punishments on the sinner, more obvious factors would appear in a routine psychiatric history to account for a pattern of rebellion in the child. Perhaps this pattern might also have been more consistent, more successfully purposive, and perhaps it might have led eventually to some acceptable form of life. To paraphrase Lindner again, perhaps as a rebel she might have found some cause to embrace.[130]

Although, when highlighted by such an account as we have given, the attitudes and the conduct of this girl's parents may seem foolish, fanatical, or even bizarre, in a more detailed presentation they would appear quite different. I have attempted to give the scene in those aspects met by this particular daughter as she emerged from infancy into childhood and on into adolescence. Looking at this father and mother from all available aspects, one tends to feel that they were less narrow, less fanatical, etc., in many important respects than the average. It is true that they followed and encouraged their child to follow many rules regarded by the community as eccentric, puritanical, and impractical. This part of their ethics and religion does not appear to have been taken as equivalent by the parents to matters and issues generally recognized as fundamental.

The beliefs and practices which, viewed in the circumscribed focus of our inquiry, seem to dominate their lives, become, when the whole picture is visible, relatively minor. In many important respects they were not prudish. In almost no respect were they particularly harsh, intolerant, or condemning. Genuinely stimulated in what nearly all impartial observers would call important religious reactions by their experience with the sectarian group, they embraced all of its teachings with sincerity. It is probable that they have personally benefited from this experience.

Not caring for strong drink or tobacco, only moderately interested in the movies or the stage, it cost them relatively little to forego such amusement. They had found so much comfort and healthy stimulus from the religious attitudes and practices acquired through the cult that it seemed plausible to follow the rules fairly and fully.

Accepting the teachings, in an important sense it would have been hypocritical of them to evade responsibilities or to violate rules which their creed insisted on as essential.

They did not themselves equate in significance the rules about small (and debatable) matters with such principles as: *Do unto others as you would have others do unto you.* The effort to put vital matters above ephemeral pleasures and to avoid the latter if necessary to do so can hardly be despised. It was not difficult for them to follow the rules in small things as well as in large.

It is not altogether unnatural for parents to want their child to be as nearly perfect as possible, to be not only passably successful but superior, to be fine in basic integrity and, if possible, a paragon even by standards too high for most. This man and woman got what was perhaps the equivalent of a social highball, the recreation of an evening at the movies or at a dance, from many of the minor practices advised by the cult.

The dietary fads, the use of respiratory rhythm with rituals of prayer, etc., they followed for some years but long ago abandoned. The cult itself, like most fresh organizations, modified many of its early rules. This was seldom if ever done by frank recantation, but by a gradual diminution of emphasis on certain matters. During the time the dietary plans were adopted, knowledge of nutrition was not what it is today and many details of belief and practice in the cult, looking back from today, seem more eccentric than they did at the time.

It is true that like many groups of apparently happy people who bring up many well-adjusted children they never modified their belief that a good many popular pastimes (dancing, reading the comics on the Lord's day, etc.) are definitely wrong and incompatible with a Christian life according to their personal convictions. (As any honest man ought to know, ballroom dancing is distinctly stimulating to frank sexual impulses. Whether or not this makes it unchristian is another question.) They were not, however, public crusaders who insisted on forcing, or who even tactlessly sought to persuade, others to take the same position.

Even after the daughter had forged many checks, spent a night in the police barracks of a nearby town for bawdy behavior attributed to alcohol, fornicated indiscriminately and toyed halfheartedly a few times in very deviated acts with Lesbians, they would have been hurt and discouraged to learn that she attended a movie or a dance. But is it altogether unreasonable for persons in such a position to be uneasy on seeing a child take even a small step sincerely believed to be in the direction of depravity?

They were probably not negligent in efforts to have their daughter learn and really appreciate the value of giving an honest answer. They may not have spoken as often about this in her earliest years as about avoiding the Sunday comics and many of the novels and magazines enjoyed by the girl's friends. Truth was so fundamental and its rejection so obviously serious that smaller but more subtle and immediate dangers naturally called for greater emphasis, more frequent warnings.

And, after all, repetitious preachments about honesty are scarcely the best means of instilling it. Many think the child acquires true evaluation of the lie by observing the actual conduct of his parents in this matter. There is no doubt that the girl now under discussion detected both of her parents in falsehood. They informed her in what she took for utter seriousness that Santa Claus was a real man, that he came all the way from the North Pole and climbed down the chimney. She very earnestly labored at letters to him, and sure enough he did not disappoint her. She may have been at this time an uncommonly serious and a rather grateful child, for one Christmas Eve she prepared a plate (with turkey and hot rolls) and, carefully selecting the most likely chimney, placed it on the hearth. The next morning the plate was clean. Both Mom and Daddy gave their word that Santa Claus had eaten it. They delivered to her a note of thanks signed by the wonderful man himself.

By and large, one is inclined to estimate that these parents told falsehoods and were detected in them a little less, rather than more often, than the average among people of good ethics. They did not often, if ever, tell deliberate or unequivocal lies about what to them seemed important matters. There is evidence which indicates that some matters crucial to the little girl were not considered important by the parents.

As is probable in all religious matters (and in all matters of emotional evaluation) this man and woman sometimes rationalized or seemed to confuse personal beliefs with objective proofs. To people whose convictions sharply differ with those of the speaker such rationalizations often appear (sometimes very unjustly) as lies of a peculiarly malign and hypocritical nature.

As the little girl grew, she discovered more and more to convince her that the special dietary practices which her parents had assured her would cause specific results did no such thing. There are indications that at one time she believed the avoidance of certain foods and the taking of several others in combination would cause her to turn into a boy, and that she had her parents' word for this. How clearly the parents understood what her wish was is a matter I can only estimate.

When Mom lost the happily anticipated brother before he was even born, it seems that the little girl shared to an unusual degree the sorrow of her parents. Steadfastly they assured her the tiny brother was happy in heaven, safe with Jesus in a state of joy and security beyond anything imaginable on earth. This she was patiently and in the deepest kindness assured of as a certainty, as a certainty far beyond the limits of mathematical or scientific proof.

"Why, Daddy," she once asked gently after a long period of wistful silence, "aren't you and Mom happy if you *know* he's there?"

Will anyone volunteer to answer this question—wisely, mercifully, truthfully, and convincingly? It is doubtful if the next man could have answered it much better than her father did.

Our patient did not, apparently, at first encounter many stimuli prompting her to deceive the parents about important matters. Many of the rules about little things kept coming up and without deliberate planning she fell into the habit of sparing the parents pain and at the same time giving herself the chance to do what the other girls did. There is little evidence of a distinct or significant struggle or strong conscious conflict at any point in the revolt. This, it seems, extended gradually and as painlessly as an operation under good local anesthesia until the chief emotional components that determine decision and conduct in major issues had become almost imperceptible. Unlike many patients with similar behavior patterns, she appears, as an adult, surprisingly free from conscious hate or rejection of the parents. She is usually polite and in all small things considerate of them and, with consistency remarkable in such a case, not only refuses to blame them for her difficulties but often actively exonerates them. She seems aware only of grateful and affectionate feelings toward them. It must be admitted that these feelings seem to lack depth or substance. Certainly there is lacking the quality that enables emotion to play its ordinary role in the determination of conduct.

There is no need to give in detail the history of this patient's typical and repeated acts that show objectively her grave disability. Her story is so like those already recounted that little would be gained by saying more than that it is particularly impressive.

A few points about this case, perhaps, deserve a bit of additional speculation. Had the patient in her earliest years been stimulated to revolt and rejection by influences less subtly mixed, might she not have better discerned the sources and the nature of her stimuli? Might she not have isolated what she was reacting to and behaved more purposively and effectively toward it?

Many major and many minor issues, from her viewpoint as a child, appeared as if woven into a tapestry she could only perceive as homogeneous. As she felt her way along experience she soon found not one but many bits of this fabric unacceptable. She read the funny papers surreptitiously on Sunday, and slipped off to the movies. In the general attitude of the world she found confirmation of her estimate that such activities were not only pleasant but harmless.

Having found deception not very painful in its repeated application to the solution of all her earliest problems, she continued its use until it became automatic (involuntary), an integral part of her behavior as she later attempted to deal with problems of another order.

Pressure and conscious conflict that might have brought into better focus the real difference between, say, theft and shouting on Sunday, between dancing and fornication, did not develop. Things went too smoothly for a while on the surface. As the objective results of unacceptable behavior began to accumulate, a serious leveling of emotional reactivity had apparently already begun.

By the time she was first expelled from a school, it had already ceased to matter very seriously to her. She had once let it matter a great deal to her whether or not she stuck faithfully to the right combination of vegetables during July or really did not take a peek at the Sunday comics. A change that might be properly called the development of unconscious callousness had to occur for her to avoid having them matter. This change, insidious and involuntary (but purposive), seems to have extended over the entire range of her reactivity.

If her parents had possessed certain bad qualities they lack, she might have been able to focus better on what to reject and to perceive more significantly what she was doing. Clearly distinguishable evil or specifically false signals in the milieu might have enabled her to chart some sort of sensible course.

Had they severely punished her for little infractions or made themselves embarrassing to her by bigoted behavior in public, the hot feelings of hate or an overtness of disagreement might have brought issues into the open, given her definite points of reference by which to orient herself. She might have revolted actively from certain things rather than unwittingly withdrawing all deep and genuine emotional commitments from everything.

If the parents had behaved in such a way that she could (falsely or correctly) identify them (or even one of them) as fiendish, she might, in an aimed withdrawal, turn in some direction where goals of some importance might be discovered, where strong and persistent motives might take root.

From her interactions with the surrounding world there emerged an image of life (its goals, its dangers, right, wrong, love, "meaning," happiness, shame, etc.) which she could accept superficially but which was so largely a two-dimensional fabrication that she could not react to any part of it with deep and genuine emotional response, intention, or performance.

Her rejection, if it may be so termed, was not a consciously voluntary act. She was not, in thought or verbally expressed judgment, cynical, immoral, bitter, or determined to make a travesty of life. She maintained a positive attitude toward conventional ideals and goals and toward sanity.

The attitude lacked not form but substance. Had she revolted with more insight from features of life she better distinguished (even if these had been fundamentally valuable points of reference), she might, despite many blunders, distortions, etc., have found some position compatible with a fairly well-adapted mode of existence. As things stood, it seems that she had exiled herself (or somehow been exiled) in the shallows. Her functioning was confined to a region in which the waters of life could float only what is trivial and ephemeral.

In contrast with this young woman's situation, let us for a moment glance briefly at another. Here we see what on the surface appears to be a similar pattern of maladjustment. The second young woman's career shows also pathologic promiscuity, many evidences of serious irresponsibility, and self-damaging behavior almost without purpose. These features are, however, more isolated. In trying to estimate the patient one feels that this is not the whole of life to her. As investigation proceeds it is discovered that from age thirteen to age fifteen she was induced on many occasions by her father to submit to full sexual relations with him. He did not, which is hardly surprising, present himself in the guise of a lover. With a minimum of explanation but with an authoritative attitude he coerced the bewildered and disgusted child into compliance.

These episodes, though not infrequent, were isolated by the father from everything else in the life of the family. No reference was ever made to them or to the questions they so vividly raised. A successful, highly respected, and otherwise conventional man, he maintained his habitual attitude toward her in the family group. His administrative and disciplinary functions were continued unchanged and his manner showed no evidence of hypocrisy or consciousness of inconsistency. He continued to express moral disapproval of girls and boys staying out too late on dates, of necking, and of smoking or drinking among teen-agers.

His position in such matters had never been extreme and, interestingly enough, it did not become either more or less severe during and after the years he persisted in the monumentally damaging activities with his daughter.

It is not difficult to see how this experience alone might have contributed richly to the subsequent faulty adjustment of the girl over a good many years, or perhaps have been the major determining factor. It is of interest to us here to note that, though cynical and defiant in many important respects, this lady, unlike the other, had a clearer notion of what she felt this way about, and why.

It is also of interest to report that she apparently continued to gain insight, that she responded with very encouraging reactions to therapy and improved in her adjustment to the point where one can say that the outcome in this case was successful.

* * *

If I may be allowed to paraphrase one of the most significant statements of Korzybski in his appraisal of such factors from the viewpoint of general semantics,[124] I might say that the human organism in personality development acquires its nutriment from an almost infinitely complex surrounding medium. From this only can it obtain what is no less essential to growth and survival than protein, minerals, vitamins, oxygen, water, etc., are essential to bodily growth and survival. In the milieu are all of these valuable and vital ingredients. Here also are ingredients as unsuitable for the purposes of human metabolism as are heroin, cyanide, cholera bacteria, the virus of encephalitis, etc., for the diet of the infant.

When the poisonous or otherwise damaging materials can be distinguished from the nutritively useful or necessary materials, a healthy choice and use can be made. It is damaging to be fed (or to obtain and ingest) a deleterious product. This, in both aspects of our analogy, always occurs on many occasions in each human life. When the deleterious and vital ingredients are subtly mixed so that they are particularly difficult to distinguish, we have a particularly bad pathogenic situation.

If the opposite types of material are so ingeniously disguised (or formed) that they appear identical, and are compounded or integrated so that their isolation is not possible, disorder (malnutrition, infection, etc.) is almost certain to occur. If the blending and seasoning is so carried out that even the subjective effects are not recognized and accurately interpreted by the organism, then we have disease that is supremely difficult to handle with prophylaxis or therapy.*

At the 1949 meeting of the American Psychiatric Association in Montreal, Dr. David L. Thompson of McGill University made this statement: "Everything spiritual and valuable has a gross and undesirable malady very similar to it and possessing the same name. Only the very wise can distinguish between them."[208]

These words are pertinent to the problems of psychiatry in general and particularly pertinent to the region we from time to time glimpse or sense behind outer manifestations when we give serious attention to the so-called psychopath.

The point made by Korzybski and emphasized by others working with his methods[81, 105] has, I believe, a valuable applicability to the psychopathologic factors first elucidated by Freud and to the subsequent formulations of orthodox psychoanalysis, as well as to other causal influences, whether hypothetic or established by evidence.

The pathogenic factors pointed out by Korzybski and held by him to be regularly important in human development and human maladjustment are not incompatible with Freudian psychopathology. The kinds of confusion and false-appraisal emphasized in *General Semantics,* on the contrary, might be regarded as catalytic or synergistic influences in the original blunders which in psychoanalytic studies appear to be sources of conflict, often the initial steps in life patterns of personality disorder. What Korzybski and his followers emphasize about such aspects of human experience as those referred to by verbal symbols such as "love," "good," "evil," etc., for instance, tends to make more comprehensible the extreme prevalence of Oedipal difficulties, ambivalence, contrast between conscious and unconscious aims, etc., encountered in psychoanalytic literature and, indeed, in all psychiatric practice.

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* In his interesting book, *People in Quandaries,* Wendell Johnson[105] clearly demonstrates this analogy of Korzybski's.

Chapter 64

ABSTRUSENESS OF THE PATTERN

BRIEF reference has been made to the viewpoints of workers who interpret the psychopath dynamically and who offer much evidence of etiologic influence in emotional conflict. As already mentioned, Healy[84, 85] long ago pointed out that antisocial behavior often seemed to occur as a response to unhappy life situations, and Alexander has formulated such disorder in psychoanalytic terms as a purposive acting out of unconscious pathologic situations.[4, 6]

Such an acting out in vivid and very lightly disguised symbolic deeds might be illustrated in the case reported here in which the man responded to what is often spoken of as being in the doghouse by putting on his dog's collar and spectacularly caricaturing canine behavior.* Another response to the same situation can be found in the patient who literally got into a kennel at the veterinarian's and so exhibited himself.†

Knight's work with severe chronic alcoholics reveals significant points. We cannot presume that all of his cases are of the type described here, but those referred to as "essential alcoholics" apparently belong with our group. Knight, indeed, says of these, "They are called 'psychopaths' and are not even accepted by some therapists. . . ."[120]

Careful study of these patients, including psychoanalysis of some, indicated "a parental background characterized by inconsistency and lack of unanimity or parental discipline resulting in conflicting, unstable identifications in the son."[120] A weak pampering mother in combination with a domineering father whose severity was fitful and inconsistent appeared frequently in the background of Knight's cases. He feels that important causal relations between this early situation and the subsequent disorder are likely.[120, 121] Knight says:

> "Innumerable personality shadings and accents are possible from a son's reaction to such parental management, but one

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* Pages 216 to 217.
† Pages 228 to 229.

> regular result seems to be the fostering of excessive passive demands and expectations in the son, such passive, childish, feminine wishes being in marked conflict with masculine strivings inculcated by the father and by the cultural ideology absorbed from schooling and from contacts with other males."[120]

Knight finds indications of oral fixation in the cases that are ordinarily called psychopaths and he also brings out the point that with them, "treatment seldom lasts long . . . since, becoming dismayed at the long road they must travel, they quit, on one pretext or another, or talk their relatives into believing they are badly handled or that they are now 'cured'."[120]

The studies of Greenacre also indicate that the confusing influence of a stern, authoritarian father and an indulgent or frivolous mother is common in the early background of the psychopath. It is plausible to feel that such an influence may play an important part in defective development of conscience and of ordinary social and personal evaluations.[76]

Karpman, in his extensive work with the manifestations of character and behavior disorders, reports that in most cases a psychogenic (dynamic) etiology can be established if adequate investigation is made.[113, 114, 115, 116] A relatively small percentage of those we call psychopaths, he believes, are not so motivated. These, presumably disordered because of inborn or constitutional defect, he distinguishes from the majority and, calls anethopaths.[114]

Of chief importance to the present discussion is the fact that in most of the patients whose clinical manifestations are similar to those described here, Karpman finds it possible to discover a background of what he refers to as a basic neurosis behind a psychopathic facade. In these studies it appears that when "neurosis" is contrasted with "psychopathy" it is for the purpose of indicating psychopathologic causal factors and purposes in the disorder rather than to make a clinical identification of patients showing grave and persistent antisocial and self-defeating activity with those showing the ordinary manifestations of psychoneurosis. It is of particular interest to note that Karpman says, "While it is true that the psychopath does not have the psychotic's distorted appreciation of reality, his appreciation of reality is entirely pathologic, even though it is different from that of the psychotic."[117]

Lindner devotes almost an entire volume, *Rebel Without a Cause,*[130] to the detailed report of one psychopath studied by hypnoanalytic methods. A very concrete presentation is made through verbatim material transcribed by dictaphone. Traumatic experience elicited from the patient dated as having occurred at as early an age as six or eight months is interpreted as being reached by preverbal memory processes. Distorted attitudes toward the parents and a peculiarly adverse primal scene experience seem in this interesting presentation to be primary influences in a lifelong pattern of severe behavior disorder. An impressive and closely knit scheme of interwoven cause and effect emerges in the detailed report and, indeed, seems to account for the clinical picture in terms of pathologic motivation and purpose. Several other patients studied but not presented are reported to have shown similar traumatic experiences at an early age and similar reactions to these experiences. Satisfactory therapeutic results are reported in these cases.[180]

Sprague, in discussing the narcissistic aspects of the psychopath, gives the impression of describing features more or less the same as many we have attempted to formulate as an expression of semantic malfunctioning. He says:

> "What the psychopath does with portions of reality is to have their meaningfulness to himself as emotionally colored stimuli differ from what it is to the average individual. Hence the power of reality to move the psychopath, to arouse him, to teach him, to limit him, is not what it is to others."[197]

Unlike myself, Sprague feels that the failure to care enough about "many of the items and issues which have considerable meaning for most of us" is in the psychopath not due so much to emotional incapacity as to his interests being centered elsewhere. He speaks of such patients as having not disinterest "but rather too intense an emotionality."[197]

It is also suggested that the factor within the psychopath "functioning in a way to lessen the meaning of outer reality" is not "active inhibition or repression but . . . the more placid phenomena of mere limitation of the attention to details of more interest to him."[197]

In the present material, the cases presented here and hundreds of similar patients studied, there were often indications of such a parental background as that described by Knight.[120, 121] Considerable evidence sometimes became available to suggest causative factors like those discussed by Karpman. One patient reported by the latter is interpreted as motivated by hostility and inferiority which arose from early rejection.

> "An analytic study revealed this to be a case of neurosis in which hostility has far outweighed love because of denial of the latter and maternal rejection. Criminality resulted in part from hostility for which it served as an outlet, and partly as an aggressive compensation for ego-inferiority resulting from maternal rejection."[117]

Many of the patients we have seen appear to be behaving similarly and in their backgrounds it is often possible to get at least suggestions of what might once have produced feelings of rejection. So, too, some of our patients have reported experiences not unlike those described by Lindner.[130] Not infrequently, sometimes under hypnosis or drug narcosis, sometimes with consciousness not so altered, incidents have emerged that seem to offer valid clues to a convincing explanation. Not a few patients told of witnessing the primal scene, some at ages scarcely above infancy. Many signs of emotional reactivity often accompanied various revelations.

Let us consider briefly two examples:

One man, thirty-five years old, gave vivid details under repeated hypnotic investigations of being brutally snatched away from the mother's lactating breast by the father, who replaced him and nursed her, forcibly, brusquely, but thoroughly, meanwhile immobilizing her, despite her struggles, protests, and screams. Conscious and very overt incestuous impulses toward the mother during his early years, frank and bitter murderous wishes toward the father were spontaneously expressed and with vehemence. The patient denied and showed no evidence of familiarity with Freudian concepts. Much more material equally impressive was elicited, including particularly traumatic details about his reactions to sex relations between the parents which he claimed to have witnessed during the first years of his life and which he described in spectacular detail.

A boy of seventeen, under Amytal narcosis, told of similarly significant experiences. Many details emerged suggesting profound bewilderment, hate, fear, maximal insecurity, subtly and grossly incestuous distortions, that arose from experiences reported as occurring at the age of three years. These centered about a partial and mystified sensing of major unhappiness in the mother, who sometimes shrieked, wept, or appeared to be at the point of death because of something she complained of to the father, whom she called vile, merciless, a fraud, and a fiend. No clear understanding arose from his repeatedly being taken along by the father (apparently as a screen against the mother's suspicion) on adulterous ventures. He offered details of the scene in which, left to play on the floor of an adjoining room, he overheard much that puzzled him. He described very convincingly a grandfather's clock in the place of rendezvous behind which he sometimes hid so that he could obtain a view of the copulating couple. The account he gave indicated that stresses and confusions of the most drastic nature affected him during this period.

Some, but by no means all, of this material impressed me as probably representing fabrication or fantasy confused with memory rather than accurately recalled facts. It has often been noted that the psychopath will very convincingly report entirely false incidents and attitudes in others, particularly in parents, that tend to put responsibility for his difficulties upon others. This is a factor deserving constant attention, for it can enter very subtly into material obtained from patients of this sort.

When significant objective events could be checked through others, sometimes confirmatory evidence was obtained, sometimes the opposite. The point most difficult to corroborate, in my own experience, is the actual or innermost personal reaction of these patients to the events they report. It is more difficult than with others to tell what the events mean to them.

It must be admitted that all strongly emotional and deeply personal inner experience is specific to each human being and not accurately communicable. The nearest approximations to success in this field probably occur in poetry, music, the private speech and action of lovers, the literally or objectively unreal reports of the religious mystic; or perhaps, sometimes, in silence, the turning of a head, the light in eyes dearly cherished, a simple unintentional gesture.

It is scarcely original to emphasize here that scientific or any objectively referential language is obviously and notoriously ineffective and quite untrustworthy in this entire area. It must be granted, then, that no genuinely verifiable material can be obtained from any patient (or from any person) about his significant affective states, attitudes, or experiences. Nothing that we conclude about such matters can be *proved* for the benefit of others, or even to ourselves. This fact notwithstanding, we are able to achieve varying degrees of conviction about what is going on in our fellows.

Prolonged psychiatric contact with patients often gives us valid reasons for believing rather confidently in many estimates we make of this sort.

I often feel sufficiently convinced about material gathered from patients to find in their reactions a comprehensible and helpful explanation of what they do and why they do it. Similar conviction arises on reading or hearing the reports of others who present material in which subjective appraisal must inevitably enter.

In attempting to put together material (objective and subjective) obtained from the psychopath, it is not always insuperably difficult to fit items into a pattern that, according to personally and rather generally accepted concepts of psychopathology, offers a cogent explanation of his conduct. There is, however, almost inevitably a serious deficit or inappropriateness in what can be gathered from his reactions. This deficit makes strong conviction that the patient has been adequately accounted for difficult indeed. Skepticism is furthermore increased by the fact that he does not show the change or improvement that in others often encourages us to feel we have been, at least in part, correct in our conclusions.

In not a few of these cases an impressive account could be given of incidents and reported reactions (with indications of emotion) that seem, on the basis of penis envy, paternal rejection, anal fixation, orality, etc., to explain emotional withdrawal (despite maintenance of excellent rational contact) from the areas or levels of living in which severe hurt, deep joy, genuine pride, shame, dignity, love, are encountered and experienced. Protest reactions, loss of insight, an acting out of unconscious impulses, a behavioral caricature or diatribe against life and its (for the psychopath) subjective emptiness, are strongly suggested by what we meet clinically. I feel that such interpretations may be correct, that sometimes they deserve the estimate of probability.

The material elicited might also be used to support the hypothesis of a *masculine protest*[2] to hurts and subjective insecurities never adequately known or understood by the patient, a neurotic and immature travesty of dominance in which attention is gained, many petty impulses gratified, and many grudges against authority relieved. This pattern seems to be followed at the expense of all major human fulfillments, but these are not known personally and emotionally to the patient, are not particularly valued, and so do not tempt or allure him to modify his course. Having developed a special callousness, or having failed to mature in those capacities that would make him respond to personal indignity or to the suffering of others, he lacks these ordinarily rather powerful guiding stimuli. In his efforts to take a virile role he becomes, as has been said, not a wandering hero but (subjectively) an itinerant hobo whose pseudo-adventures are little more than a buffoonish take-off on human life.

A great deal of material is often available to indicate such factors, reactions, and purposive patternings. I have, however, found no regular way to get close enough to these patients to gain from them the sort of conviction that often arises in the therapy of other types and that makes one feel confident in his estimate of cause and effect.

Clues from dreams often suggest significant attitudes or impulses not directly discernible and, though many interesting surmises can be made on this basis, I seldom reach much in the reactivity of these patients to corroborate them adequately or to open up channels of investigation progressively helpful.

It has been interesting to note that experiences ordinarily withheld or deeply repressed in other people sometimes are much more quickly and readily divulged by these patients. Though shame and terrible conflict are sometimes claimed in such matters and superficial indications of such claims may be impressive, I am unable to feel that I regularly get at any level with the patient in which such affects are major or even quite real.

If the psychopathologic hypothesis that emerges from the study of a patient might be compared to the construction of a brick house, it would be helpful to say that with the psychopath there are often plenty of bricks and one can set up the metaphorical structure in orthodox form but there is no cement to fuse the elements solidly into a substantial whole, or only such poor cement that we lack confidence in the security of our building.

Given the events reported in the life of such a patient, one can sometimes see how these might have displaced his aims, cumulatively distorted his conduct, atrophied his potentiality for meaningful affect, and left him finally in a state of existence where his clinical picture becomes comprehensible. But with him, far more than with other patients, surmise must be depended upon to fill in what one cannot convincingly satisfy oneself about concerning his real response at some distant time—or at the present. When one considers the many traumatic events that all people must encounter, it seems wise to keep in mind what is surmise and what is more substantial evidence.

Though gross and overt traumatic incidents have been mentioned, these did not appear so regularly as the possibilities and probabilities of subtler environmental and personal influences which, masked by flawlessly conventional surfaces, are almost impossible to demonstrate convincingly.

Frankly broken homes, overt parental spoiling, harshness discernible by neighbors (or by a social worker ten years later), plain models for deceit or for counterreactions to hypocritical pseudomorality are sometimes evident in the background. More often there are suggestions of parental relations in many respects superb yet, at some deep point where the child meets them crucially, for him inadequate and puzzling. More prominent than gross difficulties in the surroundings are the indications of beautifully and mercifully veiled sorts of invisible rejection or pathologic stimulation, of unspoken but powerfully communicated appeals that evoke efforts resulting in frustration.

As already pointed out, I feel that considerable evidence indicates a causal relation between the abstruse, paradoxically compounded, and ambivalent nature of the factors suspected of psychogenic significance and the complex and deeply masked nature of the disorder such factors may shape.

If such a relation exists, it may to some degree account for the special difficulties we have encountered in obtaining from the psychopath convincing subjective information about what has happened and about how he was affected by it. The good qualities, the healthy and socially valuable reactions of parents and other important environmental figures, the insight which enables them to avoid obvious mistakes, all tend to obscure from the psychiatric examiner such factors as we refer to and, it would seem logical to think, might make them almost unimaginably difficult for the child to evaluate or react to in other than a very confused and dangerous pattern.

My difficulty in demonstrating regularly a satisfactory psychopathologic explanation, an adequate cause and effect relation between experience and symptoms, does not indicate that the solutions reported by others are invalid.[4, 6, 117, 122, 130] Whatever psychiatric method is used, results in so complex an interpersonal process are likely to vary immensely not only with the experience of the therapist but also with the billionfold qualities and capacities that vary in each human being. Such qualities undoubtedly play major roles, positive and negative, in the investigation of a patient. It is an obvious and completely granted fact that some investigators, by different or by the same methods, are able to elicit from patients material not necessarily available to another.

In considering these patients, whether the chief etiologic basis for their disorder lies in neurologic defect or in Freudian (or other) shaping influences, it is of interest to think of the somatic aspects of our hypothesis. Sherrington's discussion of possible relations between specific neural functioning and consciousness, human evaluation, etc., seems pertinent to our problem.[190]

Consciousness and the more complexly purposive reactions which accompany it may depend on long-circuiting of the stimulus-organism-response process through many millions of neurones in the brain, the variety of response increasing in general with the number of neurones traversed and the specific pathways found. The longer the path in this chain, the more past reactions will be integrated to guide or condition the present performance, the more past sensations or perceptions will be lighted up with awareness or affect and correlated with the present stimulus, and the more objectively effective and subjectively vivid will be the present response. Roughly one might say that the more long-circuiting is used and the longer and more appropriate the circuits through the millions of neurones that may be available, the more wise in a final sense, the more variable and less simply mechanical will be the resultant conduct. One might also say that in similar measure the richer and more emotionally resonant will awareness be. In semantic disorder one might conceive of a brain in which long-circuiting of a sort occurs but in which the particular vast neuronal pathways which contribute the most profoundly affective and meaningful components to psychobiologic reactions are not adequately utilized.

An interesting and very stimulating attempt to apply Kappers' neurobiotaxis concepts[112] to interpretations of psychiatric problems has been made by Ingham.[100] If the axon develops from the positively charged surface and neural activity causes polarization with the process extending until synapses are formed with axons growing in the direction of predominating action currents and dendrites toward the source, one can indeed conceive neurologically of the development of engrams in response to thought, feeling, and conduct, and thereby determined. Ingham speaks of the psychopathic personality as a person in whom the intricate neural patterns of the brain may be so built up that despite a high degree of intelligence the correlated whole in behavior is defective. The same writer suggests that in the diencephalon, which apparently has so much to do with emotional and instinctual reactions, the neuronal patterns may be poorly or defectively developed. The ability to learn practically and to profit by experience, so as to promote the success of deep impulses emerging into activities that will not be futile because unadapted to the environment, may on this basis be impaired. Ingham postulates various levels of integration, placing a fourth level in the diencephalon where sensation may be synthesized into meaning. At this level interest may be conceived of as awakening into some form of instinctive behavior; animation may arise which calls for action.

Along such lines one can conceive of a semantic disorder resulting from the failure of long-circuited response to include, or to integrate appropriately, these ordinarily long and complicated diencephalic pathways. Perhaps such pathways are deficient because of developmental or hereditary anomalies, or as the result of somatic disease, or they may fail to be built up properly because of adverse biotactic stimuli which, in turn, may have a psychogenic explanation. It is perhaps not too fanciful to say that such pathways may be cut out of the circuit, dissociated or repressed, even though they exist and have been previously used, because of a change in biotactic force dependent on psychobiologic functioning in response to conflict, frustration, or other emotional obstacles.

The formulations of Korzybski arose from efforts to apply the methods of engineering and mathematics to the observation of human functioning and malfunctioning. Some of Korzybski's points are pertinent to the present discussion.[124] Using the terms schematically and without sharp anatomic or physiologic accuracy, Korzybski lets "thalamus" represent the general neurologic background primarily related to emotional responses and "cortex" represent the similar anatomic background of reasoning, conscious deliberation, etc. Emphasizing that these aspects of behavior or human functioning do not occur in real independence or isolation, he speaks of good "corticothalamic integration" to indicate the adequate or normal working of the organism, good realization and evaluation of the situation, effective and satisfying action (behavior).

In such terms one can conceive of the psychopath as having poor integration of this sort; of stimuli not passing satisfactorily from the perceptive apparatus through sufficient or proper neural circuits for him to experience as others do the major events and issues of life. Some fundamental difference in the billionfold patterns of synapse facilitation and neural routing might be surmised in relation to the plainly distorted and inadequate elaboration of his affective experience and, hence, of his conative aims, plans, and performances.

Relatively theoretical (affectively thin or poor) understanding or grasping of events would, according to Korzybski's formulations, occur if the stimuli from them did not pass thoroughly and richly through the "thalamic" (hypothalamic, etc.) webs of the circuit.

These speculations and interpretations seem useful and entirely congruous with what the psychopath shows clinically. Distortions, attenuations, short-circuiting, blockages, might be surmised on the basis of inborn deficiency, active organic pathology, or as arising through conditioning by experience similar to what Masserman[139, 140] and others[128] have so vividly demonstrated in animals with experimental neurosis. Strictly Freudian and any other dynamic factors and mechanisms may gradually and pathologically alter or condition functional patterns and circuitings until the organism loses much of its normal response.

Section 5

WHAT CAN BE DONE?

This disease is beyond my practice (The doctor in *Macbeth*).

Chapter 65

ILLNESS AND MISCONDUCT

A GOOD deal has already been said herein about the difficulties and disappointments arising in our efforts to treat these patients generally known as psychopaths. A few more points will be added presently to the opinions already expressed, but if we are to make any progress therapeutically it seems first necessary to clarify some broader issues.

Aside from the intrinsic obdurateness of the disorder which we find in the patient himself, there exist surrounding difficulties and absurdities that have made it quite impossible even to approach the central problem in any way except one that axiomatically predetermines defeat. Challenged by what is perhaps the most difficult therapeutic task in psychiatry, the physician is denied ordinary access to the area in which the task must be accomplished. It is only in extremely exceptional instances that the therapist can get his hands on the patient, and even then he has little more opportunity to take useful measures than would a surgeon called upon to remove the gall bladder of a jack rabbit in full flight. Our medical, legal, and social concepts are so formulated and our institutions so devised that it is plainly impossible to bring the psychopath into the range of treatment. Nor is it usually possible for him to be brought under control of any agency that can protect him or others from the damaging effects of his disorder.[31, 37]

The exceptional patients who commit felonies and are convicted come, it is true, under the legal restraints of prison. These, in my opinion, constitute a proportion approximately equivalent to the proportion of schizophrenic patients who might obtain treatment or come under protective control if nothing could be done about schizophrenia until the patient with this illness had carried out felonies and these had been legally established. Like the patient with traditionally recognized psychosis, the psychopath cannot be counted on to seek treatment and even less to submit voluntarily to protective measures.

Two crucial points confront us in any attempt to deal practically with the disorder which has engaged our attention: (1) the question of distinguishing between illness (true disability) and willful or culpable misbehavior; (2) the question of legal responsibility or competency. These two matters are deeply interwoven and bring us eventually to the same basic problem. It will be helpful, however, to approach our problem through these two channels. Let us take them in order.

It has already been pointed out that in earlier times many types of dangerous or bizarre conduct which today are regarded as illness were attributed to witchcraft, demon-possession, or other supernatural agencies.[143, 207, 225, 226] Along with and subsequent to this interpretation we find the practice of attributing misfortune, ordinary physical and psychiatric diseases, etc., to sin or some other form of voluntary wrongdoing. Those conditions earliest recognized as having a medical aspect are the ones in which injury, symptoms (somatic or psychic), and other outward features are most obvious. The overtness rather than the real degree of seriousness seems to have been the chief clue in these determinations. The medical practitioner was called upon to help with the mangled leg or the carbuncle while exorcism and other mystic rites were still the only measures provided for the patient suffering from such obscure pathology as leukemia or Addison's disease. Even when ideas still prevailed that wrongdoing was the primary cause of disease, treatment by the physician was accepted as an appropriate step to take in dealing with some of these afflictions.[33, 225] The compound fracture which followed a fall was treated by the surgeon during times when the fall was regarded as the result of a sorcerer's spell. So, too, Salvarsan was administered to the syphilitic even by those who regarded him as ill primarily because of his voluntary wrongdoing.

After overt and vividly macroscopic expressions of psychosis (running naked through the streets and wildly shouting out messages received from the dead, arguing that one's body lacks an anus, one's blood is pure pus, etc.) had for some time been accepted as illness, decades passed before the masked or cryptic schizophrene and the well-oriented, careful, and brilliantly reasoning paranoiac, could count on so regular or so early medical attention as they receive today. We have not yet learned to distinguish such patients very readily and they sometimes remain without treatment or any protective social measures until their disorder is far advanced.

Murder or some other tragic consequence may be necessary to bring them to examination and eventually to what treatment is available for their condition.

Forms or expressions of illness are not necessarily less serious, less dangerous, or less genuine because the superficial appearance of the patient reveals less obvious signs of a disorder. One of the factors contributing to our present difficulty in distinguishing the aspect of illness in the psychopath is, I believe, not dependent on the degree of whatever disorder he shows but on its type or nature.

If we can for a moment put aside the question of whether or not the psychopath should be blamed or "held responsible" for the antisocial or self-destructive acts in which his symptoms appear, we can take an important step.

The surgeon may feel that his unmarried patient's ectopic pregnancy is the result of her wrongdoing. Yet he finds it not only proper but imperative to take her to the operating room. He does not defer his treatment until the final philosophical or religious questions about this situation can be determined.

Few (sane) theologians, philosophers, or jurists would contend today that present concepts of disease and methods of dealing with it, whether manifested in a predominantly somatic aspect or otherwise, have damaged religion or made nonsense of moral values. When something can be done to help the situation in its medical aspect this is done without waiting to reach agreement on nonmedical absolutes, however important these ultimate questions may be for each of us.

The patient with pneumonia might not have become ill if he had not suffered exposure while he was out in severe weather robbing the bank. Another patient's hemorrhoids may or may not be related to his lazy habits of sitting around all day, to his becoming constipated and then unwisely taking powerful laxatives advertised in the papers. Here we may find a patient whose anxiety is, in part at least, caused by a (cowardly) fear of accepting the responsibilities (and opportunities) of a new job and also by an old pathologic (wrong) tendency to rely on his mother for support and protection.

A man in severe agitated depression may say all his viscera have rotted until the stench is lethal and that his neighbor's crops wither under his glance. His throat may show deep lacerations from his last desperate attempt at suicide. No one questions the plain fact that he is ill and gravely ill. Some psychopathologists believe that he is ill primarily (or largely) because of his unconscious hate for those he loves and his impulses to destroy them.[1, 1A, 62] Whether or not this is true (or partly true), all agree that therapy is appropriate. It is also agreed that he must be supervised and protected, if necessary against his own will and judgment.

Just who or what (in a final philosophical showdown) is to blame for these situations is difficult indeed for anyone to say. That they are pathologic conditions deserving every available measure for their correction is not as difficult to determine.

An important point to express and, if possible, to establish is this: medical attention or any other practical step to help or ameliorate misfortune or pain must not wait for a threshing out on philosophical, metaphysical, and religious planes of the ultimate why's and wherefore's, the final determining of blame or responsibility. It is possible and practicable to meet these emergencies at another point.

Reasons have been expressed already for the opinion that the psychopath differes fundamentally from the shrewd and purposive voluntary criminal or rascal.* Whether or not this argument is valid, let us seek a remedy for what obviously demands attention. Not only a patient's welfare but that of the community must be given consideration in any step we decide to take.

More and more as time passes we find symptoms and behavior formerly regarded as voluntary wrongdoing or the just results of sin being classed as disease. This does not prove that eventually all wrongdoing will be plainly revealed as disease and all conduct necessarily evaluated at a level in which good and bad are nonexistent. There are, however, indications that medical, legal, and social remedial steps are often useful in dealing with situations that we have not yet assayed and may never unanimously assay in final terms of ethics. Argument could be made that we do not yet know the first and final event or nexus in the causal sequences that philosophy might explore beneath or beyond what we call schizophrenia—or behind what we call hemorrhoids! Most will agree that methods of dealing with schizophrenia and of relieving hemorrhoids are today better (more effective) than those available in the sixteenth century.

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* Pages 289 to 293.

Chapter 66

LEGAL COMPETENCY AND CRIMINAL RESPONSIBILITY

THE term *competency,* so far as our present problem is concerned, is pertinent to questions of commitment or certification, a step by which the patient can, when necessary, be placed under treatment and appropriate restrictions to safeguard him and others. It is a step to which he may or may not agree but, if taken, medicolegal agencies then have the right not only to treat him but also to safeguard him by effective restraining measures if he wishes to jump out the window or to drink the contents of the cuspidor. These agencies also have legal right to interfere if he decides to set the barn on fire, to wander without food in the swamp for a week, or to have sexual relations with his five-year-old daughter.

In many respects responsibility seems to mean the same thing. In practice it implies focal aspects of what may be essentially identical with competency as this is evaluated in legal determinations of culpability. Competency, on the other hand, indicates more specifically the issues in question when steps for commitment are taken.

Many assumptions, some of them about matters on which few entirely agree, lurk in various degrees of disguise in the almost limitless implications of these terms. To say a man is responsible, in ordinary conversation, may, according to the context, indicate that he is responsible for the old maid's illegimate pregnancy or that he can be trusted to do an honest, effective job. Competent is probably less protean. A competent brick layer may steal our bottle of bourbon. Incompetent salesmen, pianists, golfers, etc., abound in most communities but only a fool would suggest they be sent to the state hospital.

Many physicians think of both incompetence and irresponsibility as identical with medical psychosis and legal insanity. As so helpfully emphasized by Davidson,[46] this is incorrect, or at least incomplete and misleading. According to the law Uncle John's will may be entirely valid, though he insisted for years that he talked with his dead grandmother and was diagnosed as having schizophrenia. Every psychiatrist knows people who hallucinate and are delusional but who should not be deprived of their liberty and sent against their will to institutions. A recent example is offered in a woman fifty years old who for fifteen years has carefully listened to a voice from her stomach which she "knows" is real and which often directs her. She has for a decade come at intervals to the outpatient clinic. So far as can be ascertained, her life has been undisturbing to others and she has, with fair competency, carried out her own affairs.

In general, nevertheless, it may be said that nearly everywhere in the United States it is necessary for medical evidence to establish the presence of "a psychosis" and for the court to pronounce a patient "insane" before he can be committed or in any way handled therapeutically or prophylactically against his wishes. Mental deficiency, it is true, may also serve as a basis for such action, though it is sometimes the practice to say that the degree of deficiency is so great as to render the patient psychotic. There are those who will argue that nevertheless he does not have "a psychosis."

The technicalities of procedure vary from state to state. Items redolent of necromancy, and in which the glow of witch fires is still reflected, are not uncommon in these doings. In my native state the patient is "charged with being a lunatic." Most physicians and jurists would perhaps agree that for practical purposes incompetency, in the sense of making legal commitment advisable, indicates a disability (disorder) of such degree that the patient cannot be counted on to make a (normally) correct appraisal of his condition and (therefore) to choose what treatment or protection he needs.

McDougall long ago expressed what is perhaps the most succinct and reliable opinion to be found on the essential question: "In practice the criterion adopted is: Can the patient be trusted to look after his affairs without undue risk to himself and others? And there is no other criterion."[134]

As the reader must, I believe, agree, this sensible criterion, though regularly applied to any patient who has ever shown a delusion or a hallucination, is not in practice applied to those who lack these and some other traditionally accepted signs of "a lesion of the intelligence."

Karl Menninger, also, in referring primarily to questions of liability for punishment, has made a point that should raise no opposition from any source if we apply it to the commitment of patients who are not charged with crime. "The psychiatrist," he says, "asks not 'Is that man responsibile?' but 'Of what is he capable or incapable.' "[143]

Despite the cogency of this position, it is not the common practice of psychiatrists, if the patient is diagnosed as psychopathic personality to ask themselves such a question. Or if they ask it they arrive at a strange answer, and by extraordinary methods.

In estimating competency in most matters (plumbing, piloting an airplane, surgery, baby sitting, tennis, love-making, etc.) intelligence as manifested in verbal reasoning carries a good deal of weight. Few who survive as adults continue to make their estimates entirely on this basis. Judgment is often spoken of as a matter somewhat different from and more complicated than intelligence and is generally regarded as better indicated by behavior than talk. In the Stanford-Binet psychometric test we find the question, "Is it better to judge a man by his actions or by his words?" The normal child of ten years is supposed to answer this correctly. What thoughts may arise from this apply, I believe, more accurately to us as psychiatrists than to legal authorities.

Varying degrees of medical disability are, of course, recognized and acted upon regularly in all psychiatric practice. Patients in their rehabilitation are given increased freedom and responsibility as indicated by careful and continuing study of their changing status.

The approach in questions of commitment suggested above should not make it likely that patients who show mild or moderate disability in making their own decisions and in maintaining safe or acceptable careers in the community would be deprived of freedom to any greater degree than that demanded by their demonstrated behavior.

In appraising the psychopath's degree of disability or of improvement, medicolegal approaches should not be restricted by the strange but persistent concept that two absolutes, and these only, are available to represent the appraisal. Few human beings, if any, would, after thorough and honest psychiatric study, justify an estimate of being either (1) totally sane and competent, or (2) totally psychotic and incompetent.[124]

If all persons with major disorder of this sort now utterly unrestrained in the community and misunderstood could be hospitalized properly or otherwise placed under adequate psychiatric control, life would make better sense for hundreds of thousands, possibly for millions of relatives, friends, judges, jurors, policemen, and others in the community who now strive with them in hope, rage, despair, compassion, and general confusion.

It is in the concept of competency that we meet our primary problems when we attempt to devise any improvement in present methods of dealing with the psychopath. It is difficult to examine the most important aspects of competency, however, without becoming entangled with essential implications of "legal responsibility."

When we say anything at all about responsibility we are likely, unless we are particularly careful to signify clearly what we are talking about, to find ourselves submerged in metaphysics and attempting solutions of ultimate philosophical and religious problems. However important or transcendent these problems may be, and however we solve them for ourselves, we are not as psychiatrists qualified to settle them as experts. We are not "responsible" in such a role, nor are we "competent."

Is it possible for us to avoid preposterous attempts to settle the controversy over *free-will* and *determinism* (or *fore-ordination*) and still give an honest medical opinion about the questions we are asked in court? I believe it is possible for us to do our part in these important matters without being either untruthful or taking on in debate Aquinas, Duns Scotus, Locke, or Spinoza.

Let us for the moment consider a viewpoint expressed by Grasset[75] approximately half a century ago. Though immersed in many concepts not particularly germane to the present status of psychiatry, this celebrated pioneer contributes, despite the obsolescence of his terms, something distinctly clarifying and useful. Refusing all invitations and temptations to assume the role of arbiter in questions of man's basic obligations (or whether or not any such obligations exist), Grasset confines himself to the difficult but medically approachable problem. He attempts a judgment merely on whether or not the capability of the organism is impaired. He has something to say about "physiological responsibility," which he considers as being relative and expresses in terms of the relative integrity of "psychic neurones."

Not only is the pitfall of controversy about free-will versus determinism avoided better than by many of us even today, but some respect is also shown for the complex essence of actual human functioning (as opposed to "knowing," "willing," "feeling," etc., as conceptual abstractions). His practical point is not made by resorting to a faculty psychology. About what is referred to as "physiological responsibility," he says:

> "It consists in responding, as other men do, to the influence of ordinary motives of daily life which rule conduct and human action, such as those drawn from religion, morality, and all current ideas. Not to respond to such influences, not to feel any impression from things that impress everybody else, first to get to the point of no longer feeling these motives, then little by little to cease to understand them—all this means variation from the normal."[75]

Despite the many disagreements that may still arise when we set out to determine medically by such criteria whether a patient is well or ill, we are allowed a reasonable opportunity to approach the problem. A better opportunity, I believe, than if we are drawn into attempts to fix blame (or recognize disability) on the sole basis of presence or absence of delusions, demonstrable defects of verbal reasoning, and other traditional points on which "knowing" has been determined and consequently responsibility and competency. These points, we all grant, must be taken into account if such knowledge is to be estimated, but if they alone can be regarded we are likely to confine the estimate to a philosophical abstraction.

In a most impressive and helpful study Hall[79] brings out from the viewpoint of our legal co-workers in this area facts, appraisals, and suggestions which I feel might serve as a valid basis on which to deal honestly and effectively with all matters pertaining to legal responsibility (and competency). He also politely but convincingly demonstrates some of the confusion contributed by us as psychiatrists to important issues. Interestingly enough, the very dogmatism, archaic and unrealistic approach, adherance to dubious theory at the expense of vital fact, which we have so readily discovered and so vigorously denounced in law and its interpreters, seem also to have played some part in our own contributions.

Not as a model of perfection but as something better than useless absurdity, Hall discusses the famous M'Naghten Rules* and some of the psychiatric criticism brought against them. This criticism, in my opinion (and I have contributed to it), sometimes surpasses the legal postulates in irrelevant technicality, dogmatic assumption, and failure to come to grips with actual and immediate issues. While seeking to avoid dishonest medical extensions of philosophical free-will, we are shown by Hall to be in no small danger of extending, beyond where it is applicable or warranted, implications of an equally philosophical determinism.

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*As given by Hall, the essential points of the M'Naghten Rules lie in this statement: "To establish a defense on the grounds of insanity, it must be clearly proved that at the time of the committing of the act the party accused was labouring under such a defect of reason from disease of the mind as not to know the nature and quality of the act he was doing or, if he did know it, that he did not know he was doing what was wrong."[79]

Despite a strong conviction that the M'Naghten criteria can be handled to promote scientific absurdity (and are not rarely so applied) I believe Hall has demonstrated that even within their limits possibility exists for fair and practical medical cooperation. Such cooperation is likely to prove more fruitful than the pessimistic opinions of a psychiatrist, often quoted and outstanding in this field, tend to imply:

> "When they all individually and jointly [judges, lawyers, and jury] ask me whether the defendant in the dock is in my opinion insane, I must candidly state, if I am to remain true to my professional knowledge and faithful to my oath, first, that I do not understand the question, and, second, that since I don't understand the question, I do not know whether the defendant is insane or not. I admit the situation is embarrassing and puzzling to all concerned, but it is beyond my knowledge and power to remedy or alleviate it."[226]

I have shared such feelings and have sometimes made in court statements of similar import, even if less vivid and succinct.

Continuing a discussion of the basic differences between medical man and jurist, Zilboorg makes many sound points and goes on to say:

> "We have reached a rather disquieting parting of the ways. This is undesirable from both your [the jurist's] point of view and mine. Your rules are unintelligible to me, and my inability to follow them is unintelligible to you."[226]

It is a matter of no little importance that joint action be continued, that every effort at cooperation be made to fit our social instrumentalities to the needs of the patient. It is important that new knowledge and understanding be used in these efforts. It is doubtful, as Hall points out, that the substitution of psychiatric terminology for the legal phrases would be of much practical or immediate help. To quote again:

> "Imagine that, instead of a judge's instructions in terms of prevailing rules he said '. . . essential to the psychopathic

> personality may be a defective organization of the autotely . . . and unsatisfactory adjustment of the heterotely . . . . [110] If, instead of 'knowledge' or 'understanding', 'control', and 'act' the language of the law ran in terms of *id, ego,* and *super-ego,* the psychiatrists would understand, but would many lay persons be much enlightened even after they were informed that the *'id'* is the 'true unconscious,' that the *'ego'* is that part of the mind that 'is regulated by the reality principle,' and that the *'super-ego'* is a sort of inner monitor synonymous with conscience?"[79]

It seems likely that Hall's suggestions offer more hope for common understanding and for effective action. (The need for such action is particularly urgent and obvious so far as psychopaths are concerned.) He suggests that concepts generally agreed upon in psychiatry be utilized to "implement the M'Naghten Rules."[79] It is doubtful if any psychiatrist today conceives of personality function only in the abstractions of faculty psychology. The human being as we know him is integrated. We do not find him "thinking" without also "feeling." We do not observe acts of volition altogether free of emotion. Continuing, Hall clarifies the very point on which agreement may be reached and intelligent action follow:

> "This view of the participation of the rational functions, including evaluation, does not imply any depreciation of the role of the instincts in normal conduct. For consistently with this theory, one asserts the fusion of various aspects of the self. This means that moral judgment ("knowledge of right and wrong") is not reified as an outside, icy spectator of a moving self; on the contrary, the corollary is that value judgments are permeated with the color and warmth of emotion, as is evidenced by the usual attitudes of approval that coalesce with right decisions. Indeed all action, especially that relevant to the penal law, involves a unified operation of the personality . . . . The M'Naghten Rules provide an analytical device for dissecting this action."[79]

If these rules can be thus used by the jurist, it seems obvious that as psychiatrists we can venture honest and sensible opinions on whatever evidence of medical impairment we find that may alter such a "knowing." When no longer dismembered and falsified in one-dimensional aspect but considered in all that we sometimes imply by "appreciation," "realization," "normal evaluation," "adequate feeling," "significant and appropriate experiencing," etc., the term does not restrict us solely to a discussion of the patient's reasoning abilities in the abstract.

The memorable and deeply moving words spoken by Christ at the crucifixion, *"Father, forgive them; for they know not what they do,"*[182] certainly lose most of their significance if we take the term *know* to mean only the operations of "intellectual faculty." This would suggest that those responsible for or engaged in carrying out the crucifixion or mocking the victim were unconscious or literally delirious or in some other way so psychotic as to be out of touch with their surroundings. If one accepts such a devitalization of that powerful and sublime statement, little significance remains.

If we can give full consideration to all that goes into human functioning (rather than to confine ourselves almost entirely to the man's reasoning) not only in appraising the man who has carried out a criminal act but also in attempting to deal with the numerous patients who are untreated and unrestricted in their seriously pathologic manifestations, the way may become clear to do something practical about our problem.

A case referred to by Guttmacher will illustrate a pertinent point. Let us quote from his interesting discussion:

> "Spencer married a woman who had been raped about six years before. The man was found guilty of rape and was given a sentence of five years. They usually give longer sentences in Maryland, but he got five years. Spencer's wife, a very frail person, died without medical attention while this man was serving his penitentiary sentence. The cause of death was not determined, but Spencer was sure that her death was the result of the rape, which had occured six years before, about three years before he had married her. The idea possessed him that his wife was not going to be able to rest in her grave unless she was really avenged, and he decided that it was his mission in life to right this great wrong. A few months after this man had been released from the penitentiary, Spencer went up to him and asked him to take a walk. They started walking down the road together, and Spencer was overheard by some people who passed to say, 'You have been responsible for my wife's death. I hear voices at times telling me that I must kill you. Her spirit will never rest unless I carry out this request. I know that I am likely to hang for it and it's the wrong thing for me to do, but there is nothing else left for me to do.' Whereupon he killed him. He pleaded insanity and the court, upheld by the court of appeals, ruled that he was not insane. The court of appeals said it was clear that the witness heard Spencer say

> that he was doing what he knew to be wrong and that he would be punished. That was all that the court needed to know in order to satisfy itself that he was a responsible agent.”[78]

The patient discussed by Guttmacher, despite the hallucinations which would probably have caused most psychiatrists to call him psychotic, was regarded as “responsible” because of his own statement to the effect that it was wrong to commit murder. An important question must be asked. Just how much knowing of the quality and nature of the act, just how much and what sort of evaluation and emotional appreciation of it is proved or indicated by such a statement from a man who is hallucinating?

It is not unusual to find patients with schizophrenia who can pronounce correct verbal judgents about matters they fail to evaluate sanely or react to normally. Recently a man was examined who had almost succeeded in strangling his wife to death. He “knew” this act was wrong at the time, was not apparently angry with her, and was glad he had been prevented from killing her. He had felt influences “from within” which were more effective in determining his decisions and acts than the impulse to avoid murder and to have his wife remain alive. This patient, who also had hallucinations and was obviously psychotic and schizophrenic, did not, because of deficiency in the “intellectual” concept of right and wrong, attempt murder, but because his personality was so altered that appreciation, the emotional significance, etc., of the act was (otherwise) diminished or disordered. Another patient with schizophrenia may recognize his child, say that he loves his child and express all the correct attitudes “intellectually” about the situation, and still be so disordered in his responses that he will let the child drown or burn to death without making ordinary efforts to save him.

In contrast with these, the psychotic paranoiac as he plans an assassination may be able to feel strong hate and destructiveness (to experience criminal intent) similar in degree and quality to that of the normal man.

In the case discussed by Guttmacher, definite evidence of this irrationality was demonstrable. But the contrary evidence of a rationality at the crucial point of being able to express an opinion that to kill the man was wrong was accepted as proof that he knew the nature and quality of the act. One might say that here we have a "lesion of the intellect" demonstrated but the lesion was not demonstrated to be in such a place as to prevent the man from making the rational statement about his deed.

This is a different situation from that of the psychopath who, of course, does not show any such disorder in "intellect." It well illustrates, however, the urgent pactical need of ceasing to confine the examination to this one, and so often misleading, aspect when we seek to determine whether or not and how much a particular patient is disordered.

The theory of "irresistible impulse" so often advanced by the defence in questions of criminal responsibility deserves a brief discussion. As traditionally interpreted, the M'Naghten Rules obviously center examination on an assumed intellectual faculty.[79] The concept of a pathologic and genuinely irresistible impulse seems to have arisen from dissatisfaction with viewpoints confined to "reason" alone. According to Guttmacher, "Seventeen of our states . . . recognize that it is not only a question of whether a man knows that what he is doing is wrong, but [also] whether his will power is sufficiently undermined by mental disorder that he cannot adhere to the right, in which case he is not considered a responsible agent."[78] Hall believes that even where the irresistible impulse test is recognized in theory, it is not often respected in practice.[79]

Nothing could be more obvious than the follies that arise when one attempts to localize illness in a hypothetical volition dismembered from the integrate of human functioning. Arguments as to whether an impulse is pathologically strong or whether what resists it is pathologically weak soon become little more practical or more enlightening than arguments about priority between the hen and the egg. As Hall points out, it has been said that if legal questions are determined on such a basis "you will soon make irresistible an impulse which now is resistible and resisted because of penal law"[79] A prominent psychiatrist is quoted as saying, "From a psychological point of view, the impulse could not have been resistible, since the act was carried out in accordance with the impulse. It is difficult for me to conceive of an impulse which is resistible but not resisted."[79]

Attempts to apply the M'Naghten Rules to a concept of faculty psychology vividly illustrate the falseness of faculty psychology. Attempts, within the confining framework of such assumptions, to examine not only an intellect but also a will are unlikely to be helpful since in neither pursuit can we encounter a reality of experience.

If the jurist and the psychiatrist would approach our problem from the viewpoint expressed by Hall, it seems to me that much nonsense and tragedy could be avoided. After referring to typical arguments between those who argue for "reason" as a criterion and those who in contradiction emphasize "will," he says:

> "Opposed to these views and avoiding their particularistic fallacies is the theory of the integration of the self . . . . In terms of this theory any interaction with the environment is integrated in the sense that the various functions of personality coalesce and act as a unit. Although it is useful to distinguish the important 'modes' or attributes of such action, the various functions are not actually separate. On the contrary, the affective, the cognitive, and the conative functions as well as all others interpenetrate one another. Thinking (knowing, understanding) e.g., fuses with tendencies to action and it is permeated also in varying degrees by the warmth of the emotions . . . . Hence it is arbitrary and formalistic to assert that the psychotic's rational functions, including his knowledge of right and wrong, are unimpaired. There is only a certain awareness, a bare calculation unsupported by the strong pillar of sensitivity that, in normal adults, effects identification with a prospective victim or stimulates a vivid imagining of other consequences of the intended behavior; in short, the psychotic's conduct is unaccompanied by actual understanding of the moral significance of his action."[79]

The words above refer apparently to those who show technical signs of psychosis but who, like the case discussed by Guttmacher[78] and cited above, reason correctly about a criminal act. If the same viewpoint can be held when we consider the psychopath, much of our present confusion would disappear.

The use occasionally made by attorneys of faculty psychology deserves comment. An example will make this point clear.

Appearing as a medical witness in the trial of a man charged with murder, a psychiatrist was asked by the prosecuting solicitor, "You believe, don't you, that man is composed of a body and a soul?"

Realizing that concepts of what comprises the soul vary considerably and that none of these embody essence about which a physician could offer expert testimony, it was felt that such a question, under such circumstances, could not be answered without better definition of the terms.

If, for the purposes of an attorney, the soul is separated from the body, perhaps the mind will next be set apart as a third item. The *spirit,* the *character,* the *temperament,* etc., could follow by verbal dissection. Precious and valid as the form of each human being's specific religious convictions may be to him personally, they emerge in court as dubious points on which to investigate a man charged with murder and to determine whether or not this man will be executed. The request for a definition or for some clearer and more distinct referent of the attorney's theological term brought nothing in reply about which a medical man could speak as an expert. The following excerpts quoted verbatim, except for a deletion of some names, from the leading newspaper of the city where the trial occurred, will give some idea of this attorney's presentation:

> ### JOHN DOE GETS DEATH VERDICT
>
> Verdict of the jury came on the first ballot.
>
> #### Argue Over "Soul"
>
> In what court attaches termed "one of the most effective" presentations ever made in Superior Court here, Solicitor General Pro Tem. ———— — ————, in his closing argument lashed out at testimony of Dr. ———— ———— . . . who examined Doe in November and who testified as a witness for the defense.
>
> Mr. ———— quoted Dr. ———— as answering a question concerning Doe's soul with: "Soul? What is a soul?"
>
> "When Dr. ———— said he doesn't know whether a man has a soul or not he is doubting the existence of God," the Solicitor General declared:
>
> "They refer to us down here as 'The Bible Belt'," the prosecutor continued scornfully.
>
> "He [Dr. ————] is the man who comes here and calls John Doe abnormal. I guess we all here are abnormal as far as Dr. ———— is concerned," he declared.
>
> #### "Pitiful Condition"
>
> "After all, Dr. ———— doesn't know whether John Doe has a sense of right and wrong or not," Mr. ———— said, "because he doesn't believe in God.* It's a pitiful condition for a man to be in."
>
> Assailing the psychiatrist's competence as a witness, the prosecutor flatly asserted that "Dr. ———— didn't know

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*No question had been asked the medical witness about belief in God and so no statement pro or con had been made.

> what we meant about blunting a moral sense because he doesn't know anything about a man's soul."
>
> Solicitor ———— claimed Doe gratified his passion on [the male victim's] body after stripping it of clothing and before dragging it under his house where it was secreted prior to being hacked apart the following night . . . .
>
> The question for the jury to decide, Judge ———— said, is: "Did the defendant have sufficient reason to distinguish between right and wrong at the time and in relation to the assault upon the deceased?" . . . .
>
> He told the jury that it might determine the slaying itself was sufficient proof of a deranged mind. He added that moral depravity or blunted morals could not be set up as an excuse for crime.
>
> **Jury Gets Thanks**
>
> At the conclusion of the trial Judge ———— thanked the jury for its service. In turn Foreman ———— thanked the court, the sheriff and other officers for their kind, considerate and courteous treatment during the trial.
>
> It was during the cross examination by Mr. ———— that the question of the "soul" came up. On receiving Dr. ————'s questioning reply of "soul? What is a soul?" the Solicitor General declared, "You and I don't talk the same language."

This material might be used to illustrate a good many reactions that, when recognized, man is often reluctant to claim as his own. Its pertinence to the present discussion is the example it gives of what can sometimes happen when concepts of the human being are arbitrarily abstracted and treated as if they were proved actualities recognizable and identical to every beholder. However guilty, dangerous, depraved, etc., any man may be, whatever the state of his soul or his final worth in the eyes of God, however proper it may be for him to be executed, there is reason for sadness in the fact that methods of this sort are still officially available for such use in the hands of him who lacks the dignity or the compunction to reject them.

Valuable as the religious concept of a soul may be to signify the final essence or true state of inward being, whether this be regarded as immortal or not, it is difficult to see how the medical examiner, without connivance in something peculiarly ignominious, could offer expert opinion on such a point. Personal opinions arise about the "soul" of one who is willing to play on such concepts in such a way with such issues at stake. These are not fit material for discussion here.

Chapter 67

A PLEA FOR MORE THAN ABSENT-TREATMENT

A CHANGE in the official psychiatric methods of estimating the psychopath, a change whereby estimates of his disorder are not confined strictly to his rational "faculty" would, if accompanied or followed by legal and social modifications, result in very different treatment for: (a) the relatively small percentage who now go to prisons after committing felonies; (b) the great majority who are now totally ignored by society and left to their devices—devices which we hope have been illustrated.* This prospective change which impresses us as practical, necessary, and urgent, arouses active resistance for several reasons. The reasons are good reasons providing that a few unnecessary premises are assumed or granted. Let us examine them briefly.

Strong opposition to any modification of this sort arises from a belief that recognition of the disorder as real and serious would result in the criminal's escaping legal penalities and being turned out on the community free to perpetrate additional crimes. Such a result would indeed be regrettable. To me it appears, however, not so much a result to guard against in the future as a present actuality that demands attention. As our evidence has shown, I hope, the psychopath notoriously avoids the petty and temporary restraints that might be legally imposed. Those imprisoned for serious crimes return at length no less prone to continue these crimes. Even when under life sentence, the psychopath tends to obtain parole and become again a social menace. Not only can he (perhaps involuntarily) mimic sanity in superlative fashion, but also moral rebirth, salvation, absolute reform, transformation into a super-citizen, etc. Among many examples one case stands out:

This brilliant and charming young man, when in his early twenties, murdered another without provocation. Despite a typical record of psychopathic behavior, he so impressed the authorities that parole was granted after a few years. That which, if properly understood, would have warned the parole board against the extreme danger of releasing this man, was interpreted as a mitigating factor, as grounds for giving him another chance. Apparently emotional handicaps and personality symptoms had played a part in his unfortunate deed. This, they reasoned, made him less culpable, more deserving of leniency. Like nearly all of his kind, he now showed no superficial signs of nervous or mental disorder (as this is generally understood) but indications of great promise. He inspired trust and confidence and gave a convincing (theoretical) demonstration of reform, self-control, trustworthiness, sound ethics, and high ideals. Shortly after his release he again committed murder, this time of a woman and again with no discernible motivation of any consequence.

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*For a discussion of medicolegal changes suggested for psychiatrically deviated sex offenders as a specific group, the reader is referred to Report 9, formulated by The Forensic Committee of The Group for the Advancement of Psychiatry. The proposals made in this report could be usefully applied to the entire group of psychopaths as described here.[177]

Though some protection to society is afforded by dealing out sentences of varying length to such offenders on the assumption that they are normal and to be punished in accordance with the degree of blame their crimes are judged to deserve, such protection is not reliable. The assumption that they will thereby learn their lesson and become safe inhabitants of the community is an assumption at sharp variance with simple facts. Poorly adapted as our present methods are to prevent the repetition of crime, we find them rapidly approaching travesty and farce when we look for what security they offer against initial crimes of tragic magnitude. An example will make the point clear:

In big letters on the front page of newspapers all over the United States the "BESTIAL SEX-SLAYING" of an eleven-year-old girl by a boy of seventeen is proclaimed. Details of torture and dismemberment follow. The horrible impact of impulses perverted from the aims of Eros and fused with those of hate and brutality arouses disgust and vengefulness in millions upon millions. Additional articles point out that the murderer, now remarkably callous and undisturbed by his act, had, over a period of many years, shown gross maladjustment, indifference to social values, to ordinary aims, to the rights of others. He had on several occasions been placed in a reform school and kept for various periods determined in accordance with the legally estimated seriousness of his antisocial acts, with the amount of punishment these were officially regarded as deserving.

Had this boy expressed a few delusions or reported even once that he heard an imaginary voice (like many who are quite harmless), he could have been hospitalized as long as hospitalization was regarded by experts as advisable. Lacking these and the other accepted technicalities which are presumed to determine responsibility and sanity, he could not be held in any institution beyond the arbitrary term to which he had been sentenced. His conduct had so strongly indicated that he could not without danger to others be left unrestricted in the community that his parents protested to the authorities against his release from custody. They urged that he be kept in the institution and gave adequate reasons for their plea. The authorities had no means of heeding this warning, no legal grounds for an alternative to the technically correct procedure of dismissing the patient. The regrettable results reflected in newspaper headlines soon followed.

If such patients could be evaluated in terms of their behavior and committed, like other psychiatric patients, not to limited terms of confinement but for indeterminate periods, the community would obviously obtain far better protection. The patient could then be held until his condition, as appraised by experts, indicated that he could be released with safety to himself and others.

These principles are adequately embodied in the Greenstein Act (Pennsylvania)[177] which is so designed that the psychopath, as well as other disordered but generally neglected persons who commit legal offenses, can be dealt with by safer as well as more rational and humane methods. The need for similar changes throughout the nation is urgent.

Persons who show evidence of schizophrenic illness or of almost any other psychiatric disorder (excepting that of the psychopath) can, through existing facilities, be reached and sensibly dealt with before any legal offense against others is committed. In addition to the valuable contribution offered through the Greenstein Act, I believe there is also need for some means of committing psychopaths on the primary basis of their demonstrated disability and need. It is true that all or nearly all of these patients will in the demonstration of their disorder commit antisocial acts by which they might, through facilities such as those afforded by the Greenstein Act, be reached. It is nevertheless true that very serious disability, gross maladjustment, may, as in other psychiatric patients, be obvious despite the relatively trivial nature of the offenses which usually bring the psychopath into court.

Relatives, long confused about the nature of this problem, often sacrifice themselves grievously to keep the patient out of court, to prevent his going to jail, to spare his reputation (and perhaps their own also), to give him every advantage in the vain hope he will soon change his ways. Effective and rational handling of many cases would be expedited if relatives could initiate legal action for commitment through the same courts and agencies set up to deal with other psychiatric illness, and in the same way, without prior conviction of the patient for legal offense standing as an obligatory condition, a prerequisite to such steps. If, without what many relatives would regard as "branding him a criminal," etc., the same procedure as that followed in other mental illness could be utilized, many advantages in addition to those afforded by the Greenstein Act would result..

Would this jeopardize the liberties of the citizen? Would it enable unscrupulous relatives, psychiatrists, and jurists to deprive people of the right to make their own decisions concerning treatment, hospitalization, etc. without sufficient cause? Would just about anyone whose conduct didn't suit his neighbors (or his spouse, or his old maid aunt) find himself in danger of being declared psychiatrically ill and put away indefinitely?

The chances of this scarcely deserve more than philosophical speculation. There are, it must be admitted, possibilities in every existing law for its misapplication. It is, however, much more likely that under our present laws patients with schizophrenia and other classic psychoses might be unnecessarily curtailed in errors or injustices of this sort. As we have mentioned, a person may have delusions and experience hallucinations and yet retain considerable ability to make practical decisions and conduct himself safely and without offense to others. Such people seem to be in no great danger that others will commit them and unjustly deprive them of any rights they show themselves able to exercise.

The familiar signs of an ordinary psychosis may, in commitment proceedings, suggest a social and practical disability greater than that shown in the person's actual adjustment. In contrast, the psychopath notoriously gives a wonderful impression of himself. It is hardly possible to conceive of such a patient's being subjected to commitment or any legal restraint, unless his actual condition thoroughly and unmistakably demands it.

* * *

Objections to any change are sometimes made on practical grounds by those who point out how crowded all our public psychiatric institutions are at present. Some able and conscientious physicians, responsible for the welfare of psychotic thousands, protest against any step that would lead to even greater congestion in their already overburdened, and often understaffed, hospitals. This is an argument not to be taken lightly. It impresses me, however, as an argument for the need of additional facilities rather than for denying the validity of the psychopath's disorder. Some factors behind these objections may emerge in this brief example:

After years of expensive, fruitless, heartbreaking and faithful efforts to keep him out of disaster, the family of a young and (in most respects typical) psychopath succeeded in having him pronounced incompetent and sent to a state hospital. Such an event is rare enough to suggest the miraculous. Unlike the average, this patient had shown strong indications that he might murder one or more members of his family. This and the prodigious obviousness of his disability and his danger to the community, strangely enough, overbalanced the customary psychiatric concepts in this isolated instance and he was admitted to be incompetent. There is no denying that this procedure was "scientifically" incorrect according to clearly defined medical rules.

After a few weeks of study he was found not to show any of the technical signs of irrationality (none of which had ever been suspected), diagnosed as a "psychopathic personality" and sent home as "sane and competent."

One of the psychiatrists at the hospital who had participated in this procedure explained his attitude as follows. He believed that this particular patient, no matter what his proper diagnosis might be, was more seriously disabled than a great many of the patients who would spend the rest of their lives in the institution. He believed, also, that the discharged patient was more dangerous to the community and more difficult to care for at home than, perhaps, half of those in the state hospital. The staff, he felt, were motivated in their action by several impulses, directed by several judgments.

First of all, it was not in accordance with official psychiatric concepts to call such a patient psychotic. It was also against the rules of the hospital to keep a nonpsychotic patient against his will. There was, in addition, in some members of the staff a tendency to resist efforts to slip in or palm off on the hospital these psychopaths who were technically not eligible for care. There was opinion expressed about how crowded the place was already and the dangers of being overrun with psychopaths if an exception was made and this one kept. Some felt it would not serve the cause of justice if this man were admitted by the staff of the state hospital to have mental disability, because this appraisal would be utilized in the future dozens or hundreds of times to let him evade legal penalties for the antisocial acts they, like everyone else, realized he would continue.

There are not a few among those in charge of our state hospitals who feel that with conditions as they stand it would be more fitting for persons of this sort, when segregation or supervision of some sort is urgently necessary, to be placed not in our present psychiatric institutions but in reformatories or prisons. Some who take this position feel that psychiatric treatment and many of the services and facilities now available in our mental hospitals could and should be made available to the group of psychopaths whom they prefer, nevertheless, to have come into the general framework of our penal institutions.

Psychiatric and other efforts at therapy and rehabilitation are happily being promoted in the prison environment and someday facilities there may approach those common in our state hospitals. Though it may be, as these observers think, more realistic and wiser to work for appropriate facilities in penal institutions for some psychopathic patients (those whose danger to the community is maximal) I feel that the very great majority of people so disordered in this way as to need commitment would be more appropriately placed in an environment fundamentally medical. As already pointed out, our existing mental hospitals, working under present laws and present psychiatric policies, are not set up in such a way as to deal with the psychopath. Any genuine and whole-hearted effort to meet the problem would demand additional buildings, new policies especially designed to handle the specific difficulties involved, and full recognition that a true and serious disorder, not simply an immorality or depravity correctible by punitive measures, exists in patients of this sort. It is granted that a sudden flooding of our state and federal hospitals, with existing facilities unmodified, could make for great confusion and disorder, perhaps for disaster. It is maintained, however, that a multitude of patients with the psychopath's disorder are in greater need of hospitalization and medical supervision than a large percentage of those now in institutions for the psychotic and for the mentally defective.

Chapter 68

A GLIMPSE OF THE PROMISED LAND

IF medicolegal agreement could be reached and our present hospitals given the ability to hold and deal sensibly with incompetent patients of this sort as they now can with others who are incompetent, a primary and major step would be achieved.

Some object to the hospitalization of such patients on the grounds that treatment is not likely to cure them. I have already admitted my own inability to achieve successful results with any regularity in dealing with severe cases of this type. Better results might be obtained if effective control of the situation could be maintained in institutions and through well-supervised systems of parole and gradual rehabilitation in those qualifying for outpatient status.

Mangun,[137] reports encouraging results when adequate institutional control can be obtained and consistent nonpunitive therapeutic discipline applied in addition to other psychotherapeutic methods. Woolley[223] also expresses hopefulness about such measures. As matters now stand, it is hardly accurate to say that treatment of psychopaths has been given a reasonable trial. Perhaps it is an exaggeration to say there has been a trial at all with most of these patients. It has already been emphasized that they cannot be kept against their will and that they do not spontaneously cooperate.

Psychiatrists, finding it impossible under existing circumstances to continue any long-range plans, are hardly to be blamed if they tend to regard these people as birds of passage through their institutions, as patients in name only who seek temporary refuge there from other legal restraints, create much confusion and disorder, then leave when it suits their whim or convenience, to continue in their former maladjustment. This situation has no doubt contributed a great deal to what Cruvant and Yochelson have ably pointed out in discussing the biased personal attitudes, the blind spots and prejudices, which often seem to play an important part in the psychiatrist's relation with the psychopath.[42]

In a different setting which could be adapted to the specific problems that arise in dealing with psychopaths it seems not unreasonable to hope for better therapeutic results. Even if regular rehabilitation to a high degree of social competency should prove beyond our reach in the near future, society's efforts would not be wasted. No one will deny that the large percentage of psychotic patients in our present institutions who will never improve sufficiently to leave are far better off with the care and supervision they receive than if left without medical control or protection to follow their own disturbing impulses in the midst of a helpless community.

Not only better general measures and more effective hospital regimens would become available, but it seems likely that efforts at individual psychotherapy might in time prove more generally fruitful. Despite a few encouraging reports, some already mentioned,[4, 6, 117, 122, 130] the general discouragement about our having any regularly successful type of psychotherapy to offer most of these patients seems justified.

A young millionaire comes to mind whose family was able to place him in an institution where every possible resource of psychiatry was available, including psychoanalysis by one of the best qualified men in our country. They were eager that he stay as long as advisable and have every means utilized, however expensive, dangerous, time-consuming or prolonged. Despite these advantages, little was accomplished. Real cooperation in the analytic procedure was difficult to maintain. Before long the patient's casualness about his expressed determination to get well became more obvious and, despite what anyone could do, he left the hospital, discontinued all pretence of seeking treatment, and returned to his familiar ways of behavior.

In another case, a woman in her thirties, who also had almost limitless wealth and strong family cooperation to provide every therapeutic advantage, was referred by me to a colleague outstanding as a leader not only in psychiatry but also in psychoanalysis. After study and a careful appraisal of the whole situation, this able and honest physician advised against any prolonged therapeutic program, feeling that under existing conditions the chances for substantial benefit were not sufficient to justify such an attempt.

If fundamental changes in the medicolegal attitude toward the psychopath could be established, prolonged and highly technical therapeutic measures, though available to relatively few, could, when indicated, be carried out under conditions not so disadvantageous as those now prevalent.

In addition to the intrinsic difficulty of the psychopath's disorder, the therapist would not have to contend also with factors that today usually make medical control of the general situation impossible.

Darling has reported encouraging results with electric shock therapy.[45] Though I have observed favorable temporary changes in behavior with this and with electronarcosis, no important and persistent modification of the disability has been notable in my own patients of this type. An adequate solution of our problem in this field does not seem likely, but the possibilities of a sustaining program in which treatments are given at intervals and as indicated by the patients' condition might offer something helpful, perhaps as part of the total influences brought to bear on the patient. With other types of obdurate illness, measures of this sort have been definitely encouraging.[190] With the psychopath it has been impossible to direct the situation so that the patient could have sufficient freedom to show signs of improvement (or lack of them) and at the same time follow any regular plan of treatment.

Some observers[11, 123A] have reported good results from prefrontal lobotomy in cases of behavior disorder apparently similar to those we are discussing. Though the material is insufficient to warrant any conclusions at present, the possibility of this, or similar operations,[86, 150A] proving useful in patients very severely disabled and unresponsive to other therapy deserves consideration. Hope seems not unjustified that under reasonable conditions where these patients could be sufficiently controlled and available methods applied, therapeutic results might improve greatly and a happier situation ensue.

Even if organized efforts at treatment led to no immediately spectacular or curative results, much, I believe, would be achieved by at least coming to grips with so grave and obvious a problem.

We must remind ourselves once more of the gross and tragic misunderstanding that determined legal and medical attitudes toward patients suffering from ordinary types of psychosis in past centuries before we can realize the monstrous inefficacy of our present methods of dealing with semantic disorder. Pinel, who is so justly venerated by the world today, did not discover any cure or any satisfactory treatment for the psychotic patients whom he liberated from the chains and dungeons into which they were thrown by a society that could not realize they were ill, but assumed them evil and vicious. Indeed, a hundred or more years passed before any regular therapy even remotely effective became available for patients in most psychiatric institutions. Such a step in understanding these other cases must be made before we can hope to progress far with the solution of their problem. Let us without delay recognize them for what they are, persons disabled by illness, and begin planning medical and social facilities through which they can be intelligently treated or, at the very least, through which they will not be mistreated.

In properly set up hospital units and through adequate outpatient control, efforts might be made to utilize the excellent abilities of these patients and to provide whatever degree of supervision is found necessary to keep them occupied and out of trouble. This supervision would, as with other socially disabled patients, vary widely with various persons.

Such institutions and other community facilities and the regular practice of committing suitable patients thereto, would soon bring new viewpoints to countless parents who, in shame and grief, blush over what they take to be the deeds of wickedness and depravity of their children and who wreck their own lives and fortunes seeking to protect, to rehabilitate, and to reform them. Women might learn in time not to sacrifice so readily their fortunes, their life plans, their grief and energy, in indefatigable and fruitless struggles to support and nurse and pamper maturity into husbands and lovers whose mental disorder makes such maturity (by such means) impossible.

Such facilities would, of course, be expensive. If one considers, however, the vast sums of money being disbursed daily by the state to bring them repeatedly through due processes of the law, to no avail, by relatives to send them hopefully for treatment in expensive hospitals, which they leave on personal whim or prankish impulse, to re-establish them in business or compensate victims for their continual follies, such a scheme appears less impracticable.

It is doubtful that the cost of even a most elaborate set-up of hospital units and outpatient facilities would equal the financial loss they now inflict, not to speak of their socially damaging effects. Henderson says: "It is amazing and almost paralyzing to realize the extent to which some of these cases may go before any action can be taken legally or medically to exert adequate control."[87]

If a proper general understanding could be reached that such people have a serious psychiatric disorder and are not likely under prevailing conditions to become better, and if this fact could be disseminated, their families, in many cases at least, would contribute gladly to defray the costs of their supervision and of efforts toward their rehabilitation.

By systems of parole, probation, and supervision designed specifically for patients of this type and to meet the sort of problems they present, it is probable that reasonably effective guidance could be maintained after hospitalization and when necessary restraint be applied pertinently and effectively. We must remember that under present conditions nearly all psychopaths are entirely on their own in the community, that the few with whom society gets any opportunity at all to deal fall under one or the other of two methods. Neither of these methods was evolved with any cognizance of the psychopath, but each for quite a different sort of problem.

On one hand the existing psychiatric hospitals, parole arrangements, mental hygiene clinics, etc., are set up to meet situations that arise in dealing with the (legally) psychotic and the psychoneurotic. With patients in these two groups, our methods, imperfect as they may be, are relevant to the situation. By them much is accomplished.

On the other hand, we have the penal system with its preordained terms of restraint graded arbitrarily in what, perhaps during the last century, was agreed upon as a proper dosage of punishment for this or that misdeed. Such punishments were presumably considered as having corrective (and perhaps prophylactic) effect on antisocial tendencies. Whatever efficacy this method may show for dealing with citizens in general, it has demonstrated year after year its complete lack of meaningful contact with the grave problems that continually multiply about the psychopath.[177] Largely inaccessible to ordinary social agencies, this type of patient capers, reels, or plunges along his disastrous course.

Without medicolegal apparatus to reach him, without social instrumentalities designed to cope with his problems or those he makes for others, with no general recognition even of his presence, we find ourselves emulating the ostrich and its proverbial tactics of evasion.[31] When the situation becomes too alarming or too monumentally fantastic for us to continue these tactics, when it cannot any longer be blandly ignored, we find ourselves fumbling between the only two methods available, neither of which, we find immediately, is applicable to the real issues we confront.[35]

Turning now to penal facilities, now to psychiatric, relatives, friends, doctors, lawyers, the community at large, all find they are trying to measure areas in kilowatts or color in inches. Since the fire extinguisher did not particularly help the child's fever, which has become alarming, we gravely decide to apply a plaster cast.

Without restraint and without any treatment worthy of the name, the psychopath continues, woe, confusion, despair, farce, and disaster, beyond any measure of these things I can convey, progressively accumulating in his social wake. Exonerations in courts on the grounds of "insanity" are followed by discharges from hospitals because "no nervous or mental disease" is found. Sometimes when total irresponsibility (the only alternative to sanity) cannot be medically or legally established, commonsense attempts a compromise and, perhaps unofficially, enters the equation (as *leniency* or *mitigating circumstances*) with the practical result of reducing terms of confinement in proportion to the degree of disability evident. This all too frequently amounts to diminishing whatever protection is offered the public directly in proportion to the degree of menace indicated by the disorder.

Is it not our responsibility as psychiatrists to agree, despite all our notable differences about etiology, terminology, technicalities of method, etc., that such patients as those discussed here need medical reappraisal?

My proposals and opinions may be in many respects incomplete, superficial, or erroneous. It is too much to ask that the viewpoint of any one observer in so complex and confusing a matter be generally accepted as final. The whole field of psychiatry, by its very nature, abounds in questions still unanswered and about which diverse opinions naturally exist and arguments inevitably arise. If we cannot agree that the psychopath has anything like "a psychosis" or even a "mental disorder," can we not all agree that some means of dealing effectively with whatever it is that is the matter with him is desirable? In view of such steps as that represented in the Greenstein Act,[177] would it not be worth our while to seek common ground with legal and legislative co-workers for cooperative efforts towards a better solution? Admitting that better plans may be devised by far wiser heads, the following points are, in recapitulation, submitted:

In order to proceed with any useful plan to give medical care to this large group of seriously disabled people, they must be considered in the objective terms of their grossly demonstrated maladaptation rather than only in terms of how much they should or should not be personally blamed. The concept of psychosis (insanity) is overdetermined by traditional criteria. For a good many years patients who hear voices or express obvious delusions have been generally accepted as having "a psychosis" and therefore as not competent in the ordinary sense. The psychopath who lacks these and other traditional earmarks that indicate an orthodox psychosis is automatically considered sane no matter how plainly his conduct demonstrates he is not capable of following a sane scheme of life.

It seems to me that these modifications in medicolegal attitudes are imperative:

1. That the patient's actual performance in living should not be ignored when his competency is determined. This criterion should be given consideration at least equal to that given to his rationality by verbal and theoretical tests.

2. It should be granted that there are degrees of competency and legal responsibility, instead of continuing on the present rather large assumption that this is a sharp either-or question, that the patient must be called totally sane or totally irresponsible.

3. When antisocial acts are carried out by persons who show the easily recognized disorder, now classified with other conditions as psychopathic personality, they should not be sentenced to various arbitrary and limited terms of imprisonment. It has been shown that such penalties are without influence in correcting the psychopath's conduct and are nearly always poorly designed to protect society. The psychopath should be restricted by some legal instrumentality such as an indeterminate sentence or commitment, and competent psychiatric judgment should be considered in deciding when he is to be returned to the community, and afterwards in the application of measures to safeguard and supervise him in his progress.

4. Legal facilities for placing the psychopath under medical care and supervision should be established, not only for those whose felonious acts constitute a grave menace to the community but also for those whose persistent incompetency is obvious in other ways. The criteria of determining legal competency (the right to make one's own decision about accepting supervision and treatment), should, in this and in all other personality disorders, be determined primarily by the patient's demonstrated conduct in

living. At present this is determined chiefly, by verbal reasoning powers, by the presence or absence of delusions, hallucinations, and other traditional earmarks of psychosis according to theoretical psychiatry.

If some changes along these lines can be made, they will, I believe, greatly facilitate efforts to provide medical care for these people. If treatment could be made available under better conditions, perhaps we would no longer find this a disease beyond our practice. In the United States, provision has been made for the care of hundreds of thousands of patients with psychiatric disorder. If there is among all these facilities accommodation provided for one psychopath, I would be grateful for information leading to its discovery.

APPENDIX A

STATISTICS obtained from the records of one federal psychiatric hospital give these facts concerning the prevalence of psychopaths among the general group of mental patients. It is a hospital of 1,067 beds devoted exclusively to the diagnosis and treatment of mental disorders.* During the period under consideration, from Feb. 9, 1935, to June 12, 1937, there were 857 new admissions. These patients, after several weeks of observation, careful physical, neurologic, and psychiatric examination, and study of social service reports, were given diagnoses by a staff of ten psychiatrists. A review of the records over this period shows the following distribution of diagnoses among the 857 patients admitted:

Dementia praecox	212
Dementia paralytica	139
Psychopathic personality	102
Chronic alcoholism	60
Chronic alcoholism with deterioration	41
Psychosis with mental deficiency	31
Manic depressive psychosis	28
Psychosis, type undetermined	27
Epilepsy	26
Psychosis with cerebral arteriosclerosis	24
Psychoneurosis	20
Other organic brain disease	19
Mental deficiency	15
Acute alcoholic hallucinosis	14
Toxic psychosis	11
Traumatic psychosis	10
Psychopathic personality with psychotic episodes	8
Psychosis with pellagra	8
Drug addiction	8
No nervous or mental disease	7
Syphilis of the central nervous system	7
Other psychoses with alcohol	6
Psychosis with somatic disease	6
Encephalitis lethargica	4
Senile psychosis	3

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* All comments on the policies and practices of the Veterans Administration apply to the period (1935-1937) when these patients were observed by me and do not apply to current policies and practices.

Acute alcoholism	3
Involutional melancholia	2
Traumatic neurosis	2
Korsakoff's psychosis	2
Meningitis, tuberculous	2
Meningitis, pneumococcic	1
Hyperthyroidism	1
Progressive muscular atrophy	1
Multiple sclerosis	1
Huntington's chorea	1
Psychosis with endocrine dyscrasia	1
Tabes dorsalis	1
Paranoia	1
Cerebral gumma	1
Paranoid condition	1

These statistics are not, of course, to be taken as typical for all psychiatric hospitals. They represent the admissions in a hospital maintained by the federal government through the Veterans Administration for the care of ex-service men. By far the greater part of the patients were veterans of World War I, although Spanish-American War veterans, a very few Civil War veterans, former soldiers discharged from peace time service, and young men from the Civilian Conservation Corps are represented in the figures given above.

The group now being considered consists then chiefly of men with an average age level in the early forties. The hospital is located on the southeastern seaboard. Most of the patients are drawn from the adjacent states but every section of the country is represented.

Several factors must be weighed before any attempt is made to draw conclusions from the bare figures given above. The general policy in federal hospitals maintained for the treatment of veterans differs considerably from the policy of state hospitals. Although patients classed as chronic alcoholics and psychopaths are not considered eligible for treatment and, according to regulations, should not be admitted, the authorities try at all times to give the veteran the benefit of any doubt and are undoubtedly more lenient in general than those at the state hospitals. Consequently, many patients who turn out to be psychopaths pure and simple and who probably would not be accepted at state hospitals are taken into federal hospitals.

On the other hand, this very factor, the policy of giving the veteran every possible benefit of doubt, tends to make the proportion of psychopaths appear lower among this group of 857 patients than if the same group were diagnosed elsewhere. Since those who are put in this classification do not draw compensation, being considered by law responsible for their own maladjustment, the Veterans Administration insists that the diagnosis be made only on the most convincing evidence and when the possibility of other psychiatric conditions for which compensation is paid is thoroughly ruled out. As everyone who deals with such questions knows, it is often extremely difficult to rule out "neurasthenia," "hysteria," "psychasthenia," and post-traumatic neuroses when these conditions are claimed by patients eager for pension money. When one takes into consideration that the psychopath is almost invariably just the sort of person who will bend his efforts to get everything possible from the government, or from any other source, and that he is entirely unscrupulous and often very clever in doing so, the difficulty will be still further appreciated.

In my frank opinion some of the patients listed here in the psychoneurotic and post-traumatic groups are really psychopaths and nothing more. Men who had sustained skull injuries and have records of concussion, whether the injury dates from army service or not, were nearly always given the advantage of the possibility that their maladjustment resulted from cerebral trauma. Everyone knows that while personality changes sometimes follow such injuries, they by no means always follow. This is known, of course, to the psychiatrists in the federal hospitals. Yet it cannot be denied that with so strong a policy prevailing to eschew even the remote possibility of injustice to a veteran, many received the post-traumatic diagnosis who would otherwise have been called psychopaths.

The same thing is true when a question of psychoneurosis is concerned. When a patient has once been called psychoneurotic any change which would deprive him of his compensation brings protest and calls for further examinations, not to speak of the strong political pressure which is sometimes exerted. Without meaning to accuse any psychiatrist in the Veterans Administration service of responding to such pressure, I believe that such conditions cannot but tend on the whole to make all cases about which there is an honest doubt gravitate from the psychopathic personality group to one of the others.

No doubt it is better to let one hundred guilty men go unpunished than to hang one who is innocent, and so this policy in regard to diagnosis may be justifiable. Nevertheless it must be considered as a factor in the statistics under discussion.

There was another important influence working against a diagnosis of psychopathic personality being made in the group of patients considered here. Often the need for hospitalization was plain and urgent. Sometimes the patient had for years continuously demonstrated his inability to conduct himself or his affairs without constant supervision. Occasionally such patients were a serious and immediate danger to the lives of others. Under such circumstances the necessity to admit the patient to the hospital and to keep him there was compelling. The diagnosis of psychopathic personality, with its implication of a person legally sane, does not qualify a patient for admission and leaves him free to depart from the hospital at will if he is admitted. The practical and often imperative necessity to keep such patients under supervision serves, in my opinion, as an influence to make conscientious physicians on the staff try to place the patient's disorder on some other basis and, whenever even the slightest possibility of any other causal factor can be invoked, to make some other diagnosis. Usually when such other factors, as for instance slight trauma to the head, diabetes, or possible alcoholic deterioration can be established, they are recent in appearance and the folly and misconduct are of many years' prior duration. Yet this new possibility is seized on as a practical expedient. I do not mention this tendency to condemn it, for, after all, it is vitally important to hospitalize these patients and to keep them under supervision. As a factor in the present statistics, however, it cannot be ignored.

For my purposes many other cases out of the 857 listed may be added to the 102 in the psychopathic personality group. The forty-one cases called chronic alcoholism with deterioration, the fourteen cases called acute alcoholic hallucinosis were nearly all, in varying degree, of the same type as the 102. This is to say that aside from their temporary hallucinosis or their more recent deterioration, the fundamental personality disorder was the same. Most of those listed under the heading "chronic alcoholism with deterioration" were, as a matter of fact, also given the secondary diagnosis of "psychopathic personality." I believe that few if any people who use alcohol to such a degree that they have to be confined for treatment in psychiatric institutions are normal. As brought out elsewhere, it is believed that a large proportion of such people, in the absence of other nervous or mental disorders, properly belong in the psychopathic personality group.

Here again the benign policy of the Veterans Administration comes into play. It is not customary to make the diagnosis of psychopath unless the condition is pronounced and inescapable, the intention being to spare veterans whenever possible the stigma that is felt by some to go with this term.

Most of the cases called chronic alcoholism with deterioration showed very little deterioration indeed. There is no doubt that their maladjustment, which extended back many years, resulted primarily from a personal inadequacy, whatever complicating factors may have been added by the deterioration. My belief is that some physicians tend to see evidence of deterioration in the poor judgment and bizarre conduct which are notoriously typical of the psychopath pure and simple. Not even those who spend their lives dealing with mental mechanisms in others are entirely free from similar factors in themselves, and it is a well-known human tendency to explain things such as the fantastic behavior of these patients on a tangible basis, such as damaged brain structure instead of on the ill-defined basis of psychopathic personality, a term implying something far less clearly understood than schizophrenia or any of the other psychoses.

The seven patients classed as "no nervous or mental disease" had also a history of excessive drinking and maladjustment strongly suggestive of psychopathic personality, or at least of what I mean to define as such, in a milder degree. A few of these, it must be granted, may have been merely cases of neurotic drinking.

Leaving out all patients who, aside from their major conditions, were probably psychopaths, and also those cases in which a typically psychopathic maladjustment was explained on some other basis (such as psychoneurosis or traumatic condition) but including the alcohol and drug addicts, a formidable proportion of this material qualifies for consideration.

102 diagnosed as psychopathic personality
60 diagnosed as chronic alcoholism
41 diagnosed as chronic alcoholism with deterioration
14 diagnosed as acute alcoholic hallucinosis
8 diagnosed as psychopathic personality with psychotic episodes*
3 diagnosed as acute alcoholism
8 diagnosed as drug addiction

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*These are considered here on the basis of their usual condition without reference to their behavior in the alleged episodic "psychotic" periods.

These 236 cases, more than one-fourth of the total, probably represent in various degree the type of character inadequacy and personality disorder which is the subject of the present discussion. If we count only one-half of the 134 cases not diagnosed primarily as psychopaths, these, with the unquestionable cases, give us a total of 169 patients, almost one-fifth of all who were admitted. Whether or not the term psychopathic personality is an ideal one and suitable to all these patients, I am willing to leave unanswered at present. Since there is considerable disagreement among groups of psychiatrists in state and federal hospitals as to just how much maladjustment is necessary for a patient to deserve such a diagnosis, some preferring to apply it only in extreme cases, there is no reason to insist here on its wider application. Standard textbooks do not make clear to what precise degree the person must be affected to be justifiably placed in this category. With due apologies then to those who would restrict this term, I ask leave to use it for the type of person who is now being considered. There is no other accepted term available. Whatever these people may be called, they are not normal.

If one considers, in addition to these patients (nearly all of whom have records of the utmost folly and misery and idleness over many years and who have had to enter a psychiatric hospital) the vast number of similar people in every community who show the same behavior pattern in milder form but who are sufficiently protected and supported by relatives to remain at large, the prevalence of this disorder is seen to be appalling.

APPENDIX B

Customary Presentations of the Psychopath in the Literature Ten Years Ago

WHEN the first edition of this volume was being prepared, I was impressed and sometimes appalled by what seemed to be the refusal of psychiatry to concern itself with the psychopath. Many studies, it is true, had been published and a few treatises. Most of these were not representative of contemporary psychiatric thought, many seemed to lose sight of all practical issues, and some even of the subject. A few workers, Alexander, Karpman, Healy, etc., it is true, had been giving real and adequate attention to the psychopath. But these few voices, though strong, had not yet induced our group as a whole to do much about the matter. I was particularly concerned about how little opportunity medical students and physicians in general had even to become aware that such a disorder existed. The attention given in textbooks to such an important problem was disproportionately slight. During the last ten years interest in the psychopath has become more general and more practical. Nothing has been done officially that might lead to the development of facilities for dealing with the enormous problem we confront, but no longer can one say that psychiatrists individually ignore the issue.

Since most of our practicing physicians used, when in medical school, not the psychiatric textbooks of today but those discussed in the first edition of this volume or earlier ones, it is perhaps worthwhile to include here this brief survey.

At that time, ten years ago, a considerable volume of material had accumulated. Extremely divergent views were expressed. Any serious effort to do justice to all of these opinions would be a herculean task and would, furthermore, make the present volume extremely unwieldy. So many types are described which I feel have nothing in common with the cases presented here, except humanity itself, that it would be much more convenient to give up the term *psychopathic personality* to those who choose to leave it broad and apply it to these other types than to debate with them the many points at issue. The term itself, we might say, is merely borrowed and for convenience used to signify the patients presented here and who, it is believed, fall together into a well-marked group which can be clearly defined and set apart from the many other types with whom they have been customarily placed. It would be preferable to give up this vague term altogether and place the psychopath as he is presented here under another and more relevant classification. I would be glad indeed to use any suitable term that might be suggested.*

In 1835 Prichard[1] described patients in whom he found a disorder of the habits or affections but whose understanding seemed unimpaired. He used the terms *moral insanity* and *moral imbecility* to define this disorder.

The term *psychopathic personality* perhaps originated with Koch's[2] description of *Die Psychopathischen Minderwertigkeiten* in 1891, where reference was made to certain patients not having any class of mental disorder proper and yet who could not be considered entirely sane. Various peculiarities and eccentricities are mentioned, and all the types of psychoneurosis are included. Koch's conception is, therefore, of little value for the present purpose of delineating a distinct clinical picture for further study.

Meyer[3, 4] took the important step of separating the cases now called psychoneurotic from the general grouping of Koch and expressed the opinion that those left were due to constitutional inferiority.

Kraepelin[5] in his voluminous descriptive studies gives considerable space to the psychopathic personality. In the eighth edition of his famous textbook one finds nearly 150 pages devoted to the subject. An attempt is made to differentiate psychopaths into seven types which are labeled respectively: the excitable, the unstable, the impulsive, the eccentric, liars and swindlers, the antisocial, and the quarrelsome. Without attempting to repeat these various descriptions in detail, it may be said that the seven types appear, after all is said and done, remarkably alike, and it remains doubtful if any important or binding distinction has been made among them. I am strongly convinced that all seven classifications employed by Kraepelin can be more properly applied as adjectives to all members of each class and that they are more valuable as being descriptive of the whole group than to distinguish between groups. In general, many of the cases described under all the groups are very much like the cases presented in this volume. One point of striking difference, however, is found in Kraepelin's report that 18 per cent of his *antisocial* group attempted suicide. About one-third of these attempts were felt to be purely histrionic. If the others (12 per cent) are to be considered as honest attempts at suicide, I am inclined to doubt that many of those who made them belong to the same type of disorder as the cases discussed here. Certainly they could not be called characteristic. In the type of patients described here suicidal attempts are frequent, but successful or sincere attempts are notably rare. It is my opinion that a true effort at suicide is less common among those whom I am describing as psychopaths than among normal people.

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*For a really thorough and valuable historical survey of concepts about our subject the reader is directed to Maugh's work[142] which was not available until after these less ambitious and less adequate observations were made.

[1] Prichard, J. C.: Treatise on Insanity, Sherwood, Gilbert & Piper, London, 1835.

[2] Koch, J. A. L.: Die Psychopathischen Minderwertigkeiten, Maier, Ravensburg, 1891.

[3] Meyer, Adolf: Reports of New York State Pathological Institute, 1904-05, Utica, N. Y., p. 20.

[4] Henderson, D. K.: Psychopathic States, W. W. Norton & Co., New York, 1939.

[5] Kraepelin, Emil: Psychiatrie, vol. 4, ed. 8, J. A. Barth, Leipzig, 1915.

White, in his widely used and valuable textbook[6] of 475 pages, devotes only two pages exclusively to the psychopath though he is mentioned again in a review of Karpman's study of prison types under the general heading of "Borderland and Episodic States." An inadequate development of the super-ego is mentioned and reference is made to powerful instinctive drives as well as to the persistence of childhood standards of conduct. The first and the third of these points, it is felt, are well taken, but the second, an assumption of unusually powerful drives, cannot be understood unless the drive is considered an indirect working of impulses toward very confused objectives. Despite a sincere admiration for the book as a whole, it is impossible to escape the conclusion that one gains from it little conception of the psychopath.

Strecker and Ebaugh[7] give more attention to this disorder, allowing fifteen pages of a total 705. Only three and one-fourth pages, however, are spent in description or explanation, the rest being used to give clinical examples. The examples are helpful and undoubtedly give the student a clearer idea of what a psychopath is really like than can be obtained from most textbooks. One is, however, somewhat puzzled by the statement that "constitutional psychopathic inferiority" is an unsatisfactory diagnosis from every angle *because* it is "without benefit of pathology either structural or chemical or without consistency in personality deviations and distortions."

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[6] White, W. A.: Outlines of Psychiatry, ed. 14, Nervous and Mental Disease Publishing Co., Washington, D. C., 1935.

[7] Strecker, A. E., and Ebaugh, F. G.: Practical Clinical Psychiatry, ed. 4, P. Blakiston's Son & Co., Philadelphia, 1935.

That it is an unsatisfactory term for diagnosis we grant, but not because of a lack of demonstrable somatic pathology. What structural or chemical pathology can be said to underlie hysteria, neurasthenia, psychasthenia, or any of the psychoneuroses? Certainly many, if not most authorities today,[8-13] to whose opinion I humbly add my own unimportant conviction, do not believe that any organic or chemical pathology has been found to explain schizophrenia or manic-depressive psychosis. The other objection, that these patients do not show "consistency in personality deviations or distortions," is indeed true if all the various types of disorder orthodoxly included in the group are considered. It is contended, however, that the cases presented in this volume, the 169 cases referred to in statistics quoted in Appendix A,* and the hundreds of other similar cases personally observed do show very consistent deviations and distortions.

The opinion is offered by Strecker and Ebaugh that the basis of the psychopath's disorder is a defect state. This may, in turn, be due to conflict, to encephalitis, or may be inborn. While encephalitis may cause character deviations similar to those seen in the psychopath, it is hardly a feasible hypothesis to use for explaining the psychopath in general. While an inborn deficiency may indeed be responsible for the condition, I feel that the third suggestion. that of conflict, is at present the most useful concept and that the authors mentioned deserve credit for advancing it. Strecker and Ebaugh mention a great variety of types: the criminal, the emo-

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[8] Hinsie, L. E.: In Society Transactions, Arch. Neurol. & Psychiat. 40: 409-411, 1938.

[9] Noyes, Arthur P.: Modern Clinical Psychiatry, W. B. Saunders Co., Philadelphia, 1935.

[10] Cheney, C. O.: Psychiatry for Practitioners: chap. 8 (Ed. H. A. Christian) Oxford University Press, London, 1936.

[11] Dunlap, Charles B.: Schizophrenia, Paul B. Hoeber, Inc., New York, 1938, p. 371.

[12] Wertham, F., and Wertham, F: The Brain as an Organ, Paul B. Hoeber, Inc., New York, 1928, p. 371.

[13] Cobb, Stanley: A Preface to Nervous Disease, William Wood & Company, Baltimore, 1937, pp. 165-166.

* Pages 519 to 524.

tionally unstable, the inadequate, paranoid personalities, drug addicts, pathologic liars, swindlers, kleptomaniacs, pyromaniacs, the morally degenerate, sexual psychopaths, the hobo, the pseudoquerulant, and the malingerers. Such differentiation does not help me to a clearer understanding but seems somewhat arbitrary and confusing. The writers mentioned seem to share this feeling and do not stress the separation. A number of the classifications—emotionally unstable, inadequate, liars, swindlers, morally degenerate—seem applicable to all psychopaths. Others, like kleptomaniacs, seem to me not so often psychopaths as cases of "impulse neurosis" based on other psychoneurotic mechanisms. Many psychopaths malinger and many drug addicts are undoubtedly psychopaths, the drug-taking being largely a symptom of their disorder. Sexual psychopathy is discussed in connection with the concept of the psychopath advanced here.

Noyes,[14] who allows sixteen pages from a total of 485, gives perhaps the most valuable account of the psychopath to be found in any textbook of psychiatry with which I am familiar. The behavior of the psychopath is explained by the hypothesis that it is an expression of unconscious conflict. A valuable contrast is made between the neurotic who expresses his conflict symbolically through symptoms and the psychopath who expresses his through "stereotyped, irrational, and socially inept or hostile behavior," the symptom often appearing in the neurosis as a "moral scruple," in the psychopath as a "moral defect." Such statements are very pertinent indeed and apply to all the cases presented in this volume. Noyes states that in the psychopath "there is not a loss of the former synthesis of the personality as seen in the psychoses." This is obviously true in so far as the superficial aspects of the personality are considered. Serious question may, however, be raised if from another point of view a profound loss of synthesis may not occur more abstrusely than in the ordinary psychoses, an inner chaos which is concealed by the relatively intact personality mask, or, to use Jung's[15] valuable term, the *persona.*

Noyes also speaks of various classes of psychopaths, though he seems to feel, like myself, that such classifications are not distinct or very helpful. He lists: the excitable, the inadequate, pathologic liars and swindlers, the antisocial, and sexual psychopaths. I cannot find any better application of such categories to an actual group of patients than is found in the categories mentioned before and feel that they, also, are more confusing than helpful.

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[14] Noyes, Arthur P.: Modern Clinical Psychiatry, W. B. Saunders and Company, Philadelphia, 1935.

[15] Jung, Carl G.: Collected Papers on Analytical Psychology (Translated by C. E. Long), Tindall & Co., Balliere, 1920.

An account of the psychopath, which is perhaps more interesting as a commentary on the confusion which can arise in such discussion than as anything else, is to be found in Sadler's[16] textbook, where, in a large volume totalling 1,231 pages of text, less than five pages are spared for our subject.

In this brief space Kraepelin's seven types are listed, also the ten types mentioned by Schneider[17] and the three types by Partridge. A general statement is made that psychopaths were "as youths . . . probably bullied, and in every way shy and backward." This has seldom, if ever, been discovered in any patients whose histories were available to me. Many of the patients referred to here were, in fact, active as bullies themselves. It is further stated that a few give histories of premature birth, prolonged parturition, malnutrition, and hypothyroidism. A quotation is then offered from Henry.[18]

"The brain may be abnormally large or small. . . . The abnormalities may be due to defective development, injury, tumor, infection, or vascular accidents. . . . Weakness and paralyses of various parts of the body [are found] as well as varying degrees of intellectual defect. . . . Gross physical defects in development of eyes, ears, mouth, arms, hands, legs, feet, rectum, anus, and external urogenital organs [are seen]. . . . Undescended testicles, and infantile uterus, webbed fingers and toes, supernumerary digits, ..." etc.

Just what relation this heterogeneous compendium of deformities may have to the psychopath I am scarcely prepared to say. A causal relation, to which Sadler does not openly commit himself, but seems somewhat evasively to imply, is scarcely to be assumed, even if it is not to be dismissed at once as fantastic. None of the many hundreds of psychopaths whom I have observed showed any such picture as one gets from reading this quotation in the context that is given. Although such stigmata and such gross brain changes are sometimes associated with mental deficiency and well-known organic diseases, they are certainly not generally, if ever, regarded as characteristic of psychopathic personalities. In fact, if many such abnormalities as these were found in a patient, the diagnosis of organic brain disease, mental deficiency, or of some definite heredo-degenerative condition would become inescapable and the diagnosis of psychopathic personality unlikely, if not impossible.

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[16] Sadler, W. S.: Theory and Practice of Psychiatry, The C. V. Mosby Company, St. Louis, 1936.

[17] Schneider, Kurt: Die Psychopathischen Personlichkeiten, (dritte auflage), Franz Deuticke, Leipzig und Wien, 1934.

[18] Henry, George: Essentials of Psychiatry, Williams & Wilkins Company, Baltimore, 1931.

Sadler then offers still another list of types: kleptomania, pathologic liars, eccentrics, sex abnormalities, and the feebly inhibited. While *two* and *five* indicate common and obvious characteristics of all or nearly all psychopaths and *four* may in a special sense be applied to all, the classification can hardly be considered as adding anything to the many others already framed.

After these descriptions the author under discussion adds a statement which is all but incredible. Following the opinion that prognosis for complete recovery is hopeless, it is asserted that psychopaths are not likely to improve "unless a psychiatrist can take them in hand for six months and teach them how to live." Under these conditions "great improvement" is deemed likely. It seems plain that the author of these statements is talking about not one but several kinds of patients.

Henry[19] devotes twenty-four pages of his textbook (465 pages) to constitutional deficiency. Under this heading he describes various types of mental deficiency, Mongolian idiots, cretins, syphilitic and encephalitic cases, and many others. In the same chapter sixteen pages are given to psychopathic personalities or constitutional psychopathic inferiority under the heading of "Instinctive and Emotional Deficiency." The long series of physical defects and abnormalities of the brain quoted by Sadler[20] is given in Henry's book just prior to his description of mental deficiency and presumably is to be taken as applying to this condition rather than to the psychopathic personalities who are introduced six pages later. I certainly do not get the impression that Henry means to ascribe the behavior of the examples he cites under the latter heading as being due to gross brain damage.

Two cases given under this heading show behavior in many respects like the personalities described in the present volume. Jean Jacques Rousseau, John Ruskin, and Napoleon Bonaparte are also given as examples. That these three remarkable characters show striking abnormalities of emotion and impulse is readily granted. There can be little doubt that psychopathologic factors influenced their careers or that they were maladjusted in life despite their great accomplishments. In a broad sense they were certainly psychopathic personalities. I do not feel, however, that their clinical picture is a similar one to that shown by the cases offered here or the clinical examples offered by Henry in the same chapter. In fact, Henry himself states that Napoleon Bonaparte was an epileptic. If this is indeed an established fact, we should be inclined to interpret the psychopathologic behavior reported in his life as a manifestation of epilepsy instead of psychopathic personality, even in the broad sense in which this term is generally used. It is plain, therefore, that the author now being discussed is considering a larger and a more heterogeneous group than that we seek to describe. When this viewpoint, the orthodox one, is taken, I fail to see emerge anything like a clear picture of the personality type to which the present study is devoted.

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[19] Ibid.

[20] Sadler, W. S.: Theory and Practice of Psychiatry, The C. V. Mosby Company, St. Louis, 1936, p. 180.

Perhaps the most ambitious study devoted by title entirely to the psychopathic personality is Eugen Kahn's treatise.[21] In this volume Kahn, who is perhaps the most frequently cited authority in the field, reviews the literature and makes many valuable contributions. His views on the subject may also be found more briefly stated in a subsequent volume of psychiatric studies edited by Henry A. Christian.[22] The interested student is invited to the first and the casual reader to the second of these references for an adequate acquaintance with the important material and significant viewpoints to be found there.

Without attempting to do justice to Kahn's studies, it may be said here that he defines psychopathic personalities from a causal viewpoint as "those personalities which are characterized by quantitative peculiarities in the impulse, temperament, or character strata." From a teleologic viewpoint they are defined as "personalities whose unified goal-striving activity is impaired by quantitative deviations in the ego and foreign valuation leadng to the establishment of pseudo-values and the striving toward pseudo-goals." The causal and teleologic definitions are combined: "By psychopathic personalities we understand those discordant personalities which on the causal side are characterized by quantitative peculiarities in the impulse, temperament, and character strata, and in their unified goal-striving activity are impaired by quantitative deviations in the ego and foreign valuation."[23]

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[21] Kahn, Eugen: Psychopathic Personalities, Yale University Press, New Haven, Conn., 1931.

[22] Christian, Henry A. (Edited by): Psychiatry for Practitioners, Oxford University Press, London, 1936.

This definition, while almost perfect in its application to the clinical entity which I believe is no less distinct than most others in psychiatric nomenclature, can well be applied also to other types whom Kahn includes in his viewpoint of the psychopathic personality as well as to all those customarily so included. Indeed such a definition could also be applied to practically any case of psychosis or psychoneurosis. The term psychopathic personality, as it has already been mentioned, can be literally and accurately applied to any type of mental disorder known to man. This is not to be taken as criticism of the excellent definition. Kahn in his work makes plain the distinctions he draws.

In accordance with traditional practice, he offers a clinico-descriptive classification of psychopaths into various types. These, sixteen in all, are grouped as follows: the nervous, the anxious, the sensitive, the compulsive, the excitable, the hyperthymic, the depressive, the moody, the affectively cold, the weak-willed, the impulsive, the sexually perverse, the hysterical, the fantastic, the cranks, and the eccentric.

This set of distinctions, like others mentioned, I find difficult to apply significantly when considering actual subjects of the type considered in this study. Perhaps it would be more accurate to say that much of it is found too easy to apply. I have seldom observed a well-defined psychopath, in my own sense of the term, who could not be classed as affectively cold, weak-willed, moody, impulsive, and excitable. Very few of the subjects personally observed have shown nervousness, anxiety, sensitiveness, and depressions. Such qualities have been generally less evident than in the average run of normal people. Hysterical and compulsive symptoms, though they rarely occur in psychopathic personalities, have not been found by me to be characteristic of that disorder and would be considered as indicating a different reaction whether found in one who is also a psychopath or not. Rarely I have observed cyclothymic reactions in the cases referred to here as psychopaths, but none have seemed to be truly hyperthymic. Many, in fact most, have been fantastic in their conduct. Few whom I would class as psychopaths, in the sense already several times explained, could be classed as cranks. Most cranks personally observed have shown either psychoneurotic overscrupulousness or schizoid tendencies. The psychopath, as known to me, has not often shown enough sincerity or continuity of interest in any idea or principle to defend or cherish or attack it in the familiar way of cranks. An opinion on sexual perversity is expressed elsewhere.

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[23] Kahn, Eugen: Psychopathic Personalities, Yale University Press, New Haven Conn., 1931.

It becomes difficult in such a discussion to avoid the impression of violent disagreement with authority and tradition. It is not, however, my intention to attack such studies as the extremely important one just referred to. It does, however, seem important to distinguish what we believe to be a definite group and a definte psychopathologic picture which has been ordinarily merged with types not fundamentally similar. This vague and varied group, when arbitrarily divided into subtypes, presents a jigsaw puzzle arrangement that hardly contributes to one's understanding of the patients encountered clinically. Unfortunately the common term psychopath has been the only one available; and being forced for the time being to use it in my own sense will perhaps give a false impression of presumptuous iconoclasm.

The valuable studies of Kahn in his volume, *Psychopathic Personalities,* deal with a wide variety of disorders. An interesting structural analysis of the human personality is offered in which the psychobiologic organism is considered at the ascending levels of impulse, of temperament, and of character. Following this method of structural analysis, a great number of deviations at the level of impulse are noted, other deviations are described at the level of temperament, and still others at the level of character. Then as *complex psychopathic types* pictures of various "psychopathic personalities" are offered.

These formulations are undeniably valuable as an approach to the whole subject of mental disorder and, for me, stand as a scholarly and helpful interpretation of all those clinical pictures usually classified under the psychoneuroses, as well as many other deviations and maladjustments. In fact, the disorders discussed by Kahn under psychopathic personalities include nearly every sort of life scheme between a normal, which is perhaps too theoretical to find in actual experience, and a frankly psychotic one.

That this is a justifiable application of the term *psychopathic personality* is not here questioned. It may, however, be stated that I could not find among all the interesting types described and interpreted any clear-cut picture which I would regard as applying to the patients to whom the present volume is devoted. Many of the characteristics evident in the cases discussed in this volume are dealt with, but the total personalities in which they appear do not stand out in the familiar outline.

A great number of the types presented by Kahn are patients who are customarily classed as psychoneurotic and considered as distinct from the psychopathic personality group. Kahn's anancastic psychopaths, hysterical personalities, and asthenic psychopaths are plainly the same patients who, according to nearly all current American textbooks and to the American Psychiatric Association's official terminology, would be called, respectively, patients with obsessive-compulsive disorder (psychasthenia), hysteria, and neurasthenia. His hypochondriacal psychopaths and sensitive psychopaths would also fall among the psychoneurotics. The writer being discussed is, of course, aware of this; and it cannot be denied that all cases of psychoneurosis may justifiably, and perhaps profitably, be treated under the term "psychopath." In speaking of the ambitendent character type Kahn states, "All so-called neuroses may be regarded as pseudotelies of this kind."[24] We maintain, however, that the psychoneuroses are very different disorders from the disorder treated in the present volume, as widely different as the psychoneuroses are from the psychoses. This is not to deny Kahn's opinion that the personality deviations he describes include the neuroses. Kahn plainly states, "The terms 'psychopathic' and 'psychopathy' are used to designate a large group of characteristics or conditions which lie in the broad zone between mental health and mental illness (psychosis)."[25] I do not believe that the personalities presented here lie in this zone, though it is indeed the custom to place them there among the various and interesting types discussed by Kahn.

Kahn includes some feeble-minded people[26] in his group, whereas the classification of the Committee on Statistics of the American Psychiatric Association specifically states, "Individuals with an intellectual defect (feeble-mindedness) are not to be included in this group." The same writer also speaks of some psychopaths as experiencing life with unusual "intensity and extensity" of "preparing and bringing about cultural and social progress (artists, scientists, inventors, statesmen, etc.)"[27] In his earlier treatise Kahn interprets under his classification "active autists" the type of abnormal personalities who make these contributions to civilization. That these types exist is certainly not questioned here. It is contended, however, that these active autists are very different from the patients presented in this volume. As a few specific types of complex psychopathic personalities, among many others, only the following are offered in the more recent and brief article:[28] hysterical personalities, anancastic personalities, eccentric personalities, and asthenic personalities.

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[24] Ibid: p. 277.
[25] Ibid.: p. 55.
[26] Kahn, Eugen: In Psychiatry for Practitioners (Ed. Henry A. Christian), Oxford University Press, London, 1936, p. 247.

These are respectively described as patients whom I would certainly feel merited diagnoses of hysteria, neurasthenia, or psychasthenia if we adhere to our official criteria. None of these personalities mentioned bear any discernible resemblance to the ones discussed here.

Kahn tends to enlarge the conception of psychopathic personality still further and far beyond its already wide official status and to include under it not only some of the mentally defective but also psychoneurotics of all types. The term itself is usually admitted to include many diverse types who have little in common with those discussed in this work. The tremendous broadening which the term undergoes with Kahn makes it approach its literal meaning and cover "sick minds" in general. In this extension it loses, for me at least, its usefulness as a specific diagnostic term. This, however, is probably not to be regretted since it is a term scarcely fitted for application to a clear-cut group. However interesting and informative one finds this chapter[28] in regard to its own subject, it may be safely said that the student who sought light there about the type of patient discussed in the present volume would seek in vain.

That the discussion by Kahn is sound and valid for what is being discussed is not questioned. Honest scientific observation and judicious opinion, under whatever category they may be placed, retain their intrinsic worth. The title of his subject is freely relinquished by me for my aim is not directed toward the term *psychopath* but toward a large and vividly interesting group of patients ordinarily called by that name. The term might be restricted to this particular group or it might be broadened as in Kahn's studies to embrace many more types of disorder than those customarily included. If the latter course is followed it will certainly be advisable to drop the group discussed here and find a new name for it.

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[27] Ibid.: p. 248.
[28] Ibid.: Chapter 5.

Schneider's[30] viewpoints which are presented in his monograph on psychopathic personalities are well known in Germany and are also often quoted in this country, though his work, so far as I know, has not been translated into English. In the third and latest edition of this book, Kahn's definition of *constitution* is accepted and the interpretation of psychopathic personality as a congenital defect is consistently followed. Schneider particularly stresses the physical aspect of what he considers as the psychopathic constitution. This viewpoint impresses me as unnecessarily static when applied to the type of disorder described in the present volume and the physical factors particularly fail to apply in my own material. As in Kahn's treatise, the subject under discussion seems scarcely the same as that dealt with here.

Schneider offers ten varieties of psychopaths: hyperthymic psychopaths, depressive psychopaths, self-insecure psychopaths, fanatics, attention-seeking psychopaths, temperamentally unstable psychopaths, explosive psychopaths, and asthenic psychopaths.

These categories cannot, in my opinion, be applied to the material treated here and confirm the belief that a broader field is being surveyed and that in this field my own subject does not stand out with clarity.

Since this brief attempt to consider certain other viewpoints of our subject is made in order to give a fair idea of the confusion and disagreement which reign rather than a consistent, a scholarly, or an exhaustive historical account, let us turn back many years, and look at the psychopath as he was presented by Healy in 1915.[31]* In referring to this early work I do not mean to imply that the opinions expressed in it represent Healy's concept of the psychopath today. On the contrary, his continued studies rank high among those that have contributed to our enlightenment. A very practical reason for turning our attention in this direction lies in the fact that although the interpretations recorded there are no longer consistent with the official viewpoint of the American Psychiatric Association, they continue to dominate the attitude of many psychiatrists practicing today, and perhaps of most physicians who think of the psychopath at all. Indeed, this viewpoint of 1915 is still found in some current textbooks of psychiatry, occasionally in fantastic mixture with other and conflicting viewpoints. An example of the latter has already been quoted.

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[30] Schneider, Kurt: Die Psychopathischen Personlichkeiten, (dritte auflage), Franz Deuticke, Leipzig und Wien, 1934.

[31] Healy, W.: The Individual Delinquent, Little, Brown & Company, Boston, 1915. (Subsequent edition 1920.)

*This book was first published in 1915 but, the first edition not being available, I quote from the 1920 edition.

Healy, who, in the work cited, used the term *psychic constitutional deficiency* for the general group classed today under psychopathic personality, stated plainly that, in agreement with Ziehen,[32] he found in "by far the greater number of cases of psychic constitutional inferiority distinct bodily abnormalities."[33] On the same page he further stated: "Indeed I have felt inclined, as I have elsewhere stated, to limit the diagnosis to cases showing both physical and mental inferiority." This now archaic idea that the psychopath always or nearly always shows distinct physical abnormalities is unmistakably implied by Sadler,[34] who has already been quoted but who, on the next page of his book,[35] clearly states that "they suffer from no physical or mental disease which would account for their deficiency." I find this hard to reconcile with the same author's quotation from Henry which affirms that the "brain may be abnormally large or small or defective in part or as a whole. . . due to defective development, injury, tumor, infection or vascular accidents such as cerebral hemorrhage. . . etc." and "varying degrees of intellectual defect." It is very plain to see that Sadler is carrying over much of what Healy, as a pioneer working in a complex and very broad field, expressed in 1915, for he gives one paragraph from the latter verbatim.

"On the functional side these individuals are notoriously subject to 'general nervousness.' 'Specifically, we find tremors, facial or other tics (habit spasms) abnormal movements of the eyes, headaches, little attacks of dizziness, enuresis prolonged throughout childhood, and so on.' The organs of the special senses are particularly apt to show signs of inferiority; defective vision is very common."

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[32] Ziehen, T.: Zur Lehre von dem Psychopathischen Konstitution, Charite Annalen, Vols. 29, 30, 1911.

[33] Healy, W.: The Individual Delinquent, Little, Brown & Company, Boston, 1915. (Subsequent edition 1920, p. 577.)

[34] Sadler, W. S.: Theory and Practice of Psychiatry, The C. V. Mosby Company, St. Louis, 1936, pp. 881-882.

[35] Ibid.: pp. 883-884.

The parts of this paragraph marked by the single, inner quotations are quoted by Sadler; the rest is not indicated as a quotation. All is, however, to be found on page 577 of Healy's book.[86]

In the work by Healy, first published in 1915, it has been noted that a consistent attitude was held to the effect that such personalities as the ones he describes show defective heredity and marked physical abnormalities. The histories quoted show maladjustment which is more suggestive of general inferiority and readily understood inadequacy due to demonstrably defective brains than of the paradoxically bizarre conduct of the patients described in this volume. Since all the latter were, furthermore, free from physical stigmata of degeneration, of any signs of organic disease, and of defective heredity, most, in fact, being of superior stock, it may be concluded that the two groups are far from identical. It is difficult to see how any psychiatrist working in this field in 1915 could have done more than treat the group of inferiorities and delinquencies as a whole. It seems important, however, that these early approaches be so recognized and not confuse the reader of textbooks several decades later. A mere glance at Healy's case summaries is sufficient to point the distinction:

> "*Constitutional Inferiority:* Case 113
> Boy, age 14
>
> Many mental and physical signs.
>
> *Heredity:* Grandfather insane
> Father erratic
> Mother alcoholic
> Two brothers criminalistic
>
> Developmental: Antenatal,
> mother alcoholic
> Lack of parent control
>
> Stubbornness
> Incorrigibility
>
> Mentality:
> Poor ability
> Erratic"

Bleuler[87] devotes twenty-four out of a total volume of 635 pages to various abnormalities customarily grouped as psychopathic personalities. These are listed in his work as "The Psychopathies." Ten of these twenty-four pages are, however, spent on sexual perversions which, per se, we believe are far from identical with our present subject. The valuable point is made that "affective peculiarities are in the foreground in most cases," and that, "even if there is an average or great intelligence, it has little regulating influence on the actions."

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[86] Healy, W.: The Individual Delinquent, Little, Brown & Company, Boston, 1915. (Subsequent edition 1920.)

[87] Bleuler, Eugen: Textbook of Psychiatry. The Macmillan Company, New York, 1936.

Bleuler, who follows in general Kraepelin's plan of classification, lists the following types:

A. Nervosity
B. The Aberrations of the Sexual Impulse
C. Abnormal Irritability
D. Instability
E. Special Impulses (squanderers, wanderers, gambling mania, collecting mania, etc.)
F. The Eccentric
G. Pseudologia Phantastica
H. Constitutional Ethical Aberrations (enemies of society, moral imbeciles, etc.)
I. The Contentious

Most of the descriptions given under these various headings do not apply consistently to the cases presented here, although one clinical picture offered as an example of *instability* probably belongs among them.

Henderson and Gillespie[38] spend a little over ten pages on the psychopathic personality in their textbook of 606 pages. Several subtypes are mentioned: the emotionally unstable; kleptomania; pathologic liars; pseudoquerulants; eccentrics; sexual aberration. In speaking of the pseudoquerulants these authors, minimizing the necessity of segregating them as a type, say, "It is really a matter of accentuating a trait that is not uncommon in the emotionally unstable." I am in earnest agreement with this statement. Two of the four histories offered, Cases 57 and 59, seem to represent definitely the type of disorder which I am endeavoring to describe, although the suicide of Case 57 emphasizes a tendency which in our own material has been conspicuously rare. The term *moral imbecility* quoted by Henderson and Gillespie from the British Mental Deficiency Act, (despite its obsolescence and its unfortunate implications of censure) and the term *temperamentally defective* quoted from Burt more adequately express what appears to be the true condition of these patients than the usual designations. The authors' statement (in speaking about the type listed as *emotionally unstable*) that at school he "is bullied and unhappy," has not been a usual finding in the histories I have studied. Nor does the impression expressed in the work now referred to that "he is commonly affectionate" coincide with anything personally observed unless relatively empty gestures of affection are accepted as affection itself. The personalities discussed here have emphasized for me a vivid and vast difference between the two.

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[38] Henderson, D. K., and Gillespie, R. D.: A Textbook of Psychiatry, Oxford University Press, London, 1936.

Although the traditional grouping of such types as the kleptomaniacs and the eccentrics with these other personalities seems confusing, the general treatment of the subject in this text is found to be far more helpful than most.

Muncie[39] in his textbook on *Psychobiology and Psychiatry* (739 pages), devotes approximately five pages to psychopathic personalities or "constitutional psychopathic inferiorities." The disorder discussed is one of "life-long duration" and is classed as an oligergasia, though it is stated that "there may or may not be intellectual limitation." One feels that Muncie is dealing with a static personality type rather than a personality disorder. The interesting case report offered, while having some points in common with the material considered here, does not seem typical of our cases. Although apparently maintaining that the condition is definitely constitutional or inherent.[40] Muncie later states[41] that the physician's feeling of frustration in dealing with these cases arises in part from "the 'constitutional' label, too easily made and often too hard to uphold."

In the Salmon Memorial Lectures of 1938, subsequently published, Henderson[42] has contributed an important discussion of our subject. Here three general types are distinguished: (1) the predominantly aggressive; (2) the predominantly passive or inadequate; (3) the predominantly creative. Under the first two of these categories one finds many personality characteristics and modes of behavior which are similar to those manifested in our own cases. Besides the consistently purposeless pattern of life which we see in the cases recorded in this volume, Henderson describes a "triggerlike reaction,"[43] blind furies in which consciousness becomes altered and excitement so intense that "transitory hallucinatory phenomena may occur."[44] These reactions and states are described as perhaps underlying the violent assaults and genuine suicidal attempts or actual suicides which are common in the cases termed *predominantly aggressive.*

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[39] Muncie, W.: Psychobiology and Psychiatry, The C. V. Mosby Company, St. Louis, 1939, pp. 197-200 and 495-496.

[40] Ibid.: p. 197.

[41] Ibid.: p. 495.

[42] Henderson, D. K.: Psychopathic States, W. W. Norton & Company, New York, 1939.

Occasionally acts of great violence were observed in the cases presented here, but such acts and the underlying explosiveness were by no means characteristic. When such an underlying explosiveness might have been assumed it appeared to me that it was less a matter of violent emotions erupting than of relatively weak impulses running unchecked because of an almost complete disregard for the consequences. Many have committed deeds and brought about complicated situations which one might say would make suicide become a logical and rational act. But in only two typical cases known to me has this act been accomplished. There are unquestionably many personalities of the sort described here who have also homicidal inclinations and inclinations for criminal sexual assault on children. I have seen a large number of such patients. This serious aggressiveness impresses me, however, as an additional psychiatric feature complicating a fundamental picture and not essential to it. The patients described by Henderson in whom excitement or fury becomes so intense that consciousness is perhaps altered, whether they were also fundamentally like the patients described here or not, must, as Henderson suggests, have suffered also from cyclothymic,[45] schizoid,[46] or epileptoid[47] personality disorders, all of which were notably lacking in our group. Such disorders are included by Henderson, in accordance with the classification of the American Psychiatric Association, as psychopathic personalities. I would be the last to deny that these disorders are psychopathic but would like to distinguish them sharply from those discussed here.

Henderson, like Kahn, places certain abnormal personalities who have demonstrated extraordinary capacity to contribute constructively to human endeavors in the group he discusses. No question is raised here as to the psychopathology evident in the persons cited. We do contend, however, that their type of disorder is far removed from that shown by our own patients and that such maladjusted geniuses as Joan of Arc and Colonel T. E. Lawrence, whatever their anomalies may be called, do not suffer from the specific disorder to which the present volume is devoted. That "a close correlation between psychopathy and genius exists" we do not deny. That genius has significant correlation with the type of patients we are considering in this volume seems unlikely.

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[43] Ibid.: p. 60.
[44] Ibid.: p. 65.
[45] Ibid.: pp. 98-104.
[46] Ibid.: pp. 104-108.
[47] Ibid.: pp. 71-75.

Henderson speaks of the predominantly aggressive types as acquiring a greater "amount of insight" than the predominantly inadequate types. None of our patients acquired any insight that could be called real, although most of them showed an almost perfect mimicry of insight.

Henderson's contributions, though extremely valuable and interesting and though they often bear on the very subject which we consider here, seem not specifically confined to this subject. Any merging of the particular disorder which we discuss with various other abnormalities blurs the outline of the clinical picture which we maintain is very sharp and specific.

I was impressed by the relative dearth of studies on the psychopath appearing in the periodical medical literature ten years ago when the first edition of this volume was in preparation. This is not, of course, to say that such studies did not appear. In comparison, however, with studies of other personality disorder and other psychiatric problems, very few references were found, certainly fewer than the prevalence of the condition had led me to expect. In general it may be said that here too, considerable diversity of opinion concerning the so-called psychopath was encountered and that many types of disorder were included besides that which is treated here. A few of these studies may now be considered.

Visher[48] in 1922 made a distinction between *constitutional psychopathic state* and *constitutional psychopathic inferiority.* In the former condition as contrasted with the latter he maintained that "what gross maladaptation is present does not extend back to early life."

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[48] Visher, J. W.: A Study in Constitutional Psychopathic Inferiority, Mental Hygiene **6**: 729, 1922.

Partridge's[49] studies are particularly interesting. Although three types are mentioned, the opinion is expressed that many of the cases presented cannot be rigidly grouped. Interesting interpretations from a psychoanalytic viewpoint are offered in certain cases, but it is admitted that the psychopathic reaction is "not likely to be found referable to any one uniform and homogeneous trait or trend, much less to any single episode in the career." Many of the cases presented by Partridge are apparently of the type considered here. The lack of goal-striving, of self-criticism, and of guilt sense found in these patients was interpreted as due to imperfect development of the super-ego. This is indeed consistent.

In some of the cases cited by Partridge I am inclined to question the early parental severity described by the patient since tendencies to blame parents falsely for their condition are so frequent among such types. It is interesting to note that many of these cases showed no defective heredity, but, like our own material, often came from superior families which could not reasonably be regarded as "tainted." The fact that many of them were sound or even superior physical specimens is also more in keeping with my own experience than the impression, popular at the time, that stigmata of degeneracy are the rule.

Partridge gave a provisional definition of psychopathic personality as "a persistent behavior pattern or tendency in which there is usually excessive demand, either special or general, which, when there is failure of direct or immediate satisfaction, is reacted to by a tendency to develop characteristic ways of dominating situations; by emotional displays we call tantrums; by sulks and expressions of inadequacy; and by running away in some form." This is, in general, applicable to the cases considered in the present volume, though it does not perhaps indicate the extreme and positive tendency shown by the patients presented here to find occasion, no matter what the circumstances, to indulge in their reactions.

Caldwell,[50] on the basis of an extensive experience with this type of patient eleven years ago, summarized their characteristics briefly:

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[49] Partridge, G. E.: A Study of Fifty Cases of Psychopathic Personality, Am. J. Psychiat. **7:** 953-973, 1928.

Idem: Psychopathic Personalities Among Boys in a Training School for Delinquents, Am. J. Psychiat. **8:** 159, 1928.

Idem: Psychopathic Personalities and Personality Investigation, Am. J. Psychiat. **8:** 1058, 1929.

Idem: Current Conceptions of Psychopathic Personality, Am. J. Psychiat. **10:** 53, 1930.

[50] Caldwell, John M. (U.S. Army Medical Corps., Corozal Hospital, Canal Zone): Personal communication (1939).

Acting

1. Inability to withstand tedium, frequent change.
2. Lack of the sense of responsibility; taking the fun where it is found.
3. Blow-up under pressure.
4. Maladjustment to law and order.
5. Recidivism.

Feeling

1. Emotional deficiency.
   Narcissistic.
   Callous; inconsiderate.
   No remorse.
   Projects blame on others.
2. Hair-trigger emotions.
   Exaggerated display.
   Irritable, impulsive.
3. Amoral (social or sexual).
4. Worry but do nothing about it.

Thinking

1. Defective judgment; lives for the present rather than the future.
2. Inability to profit by experience.
   Able to realize the consequences intellectually but not to evaluate them.

These points accurately and consistently characterize the patients discussed in the present study and, probably more than any published description of the psychopathic personality, coincide with my observations. At that time Caldwell tentatively formulated a hypothesis to account for this personality disorder in the following statement:

> "Speaking off-hand, the male psychopath seems to me to have as an underlying trend a mother fixation on an oral level. There has not been a complete involvement in the Oedipus situation and consequently there is poor development of the super-ego (which explains the amorality). Aggression and hostility generated as a rebellion to the fixation are expressed in masochism, either manifest or disguised (drinking, persistent failures with the blame projected, etc.). These individuals are infantile, never grow up."[50]

This concept impresses me as one of the most satisfactory then available in dynamic terms. Any effort to delve into the fundamental and still to be specific when interpretation is attempted in such complex matters as this, naturally is vulnerable to the criticism that such assumptions cannot readily be proved and demonstrated. The physician who is inimical to psychoanalytic concepts may find little satisfaction in such far-reaching hypotheses. It must be remembered, however, that in this instance the hypothesis was tentative. In my opinion it remains a promising one and tends to fit the facts of observation remarkably well.

Huddleston[51] reported on 500 psychopaths studied in an outpatient department of a United States Veterans Hospital. The outstanding features of these cases were tabulated according to their frequency. Emotional instability, the most common characteristic, was found in 63 per cent; sex anomalies, in the sense of homosexuality and perversions, in only 4 per cent; anatomic stigmata in only 8 per cent. The opinion was given that constitutional psychopathic inferiority and constitutional psychopathic state "should be considered only a symptomatic, not a pathologic diagnosis."

If the articles noted in the *Quarterly Cumulative Index Medicus* may be accepted as fairly representative of the medical literature, one cannot fail to conclude that the type of disorder with which we are here concerned attracted very little serious interest at the time. Volumes 22 and 23 of the *Index,* covering a period from July, 1937, to July, 1938, were carefully searched with special attention to the following subjects: Psychiatry, Psychology, Psychoanalysis, Mental Diseases, Neuropsychiatry, Psychotherapy, Social Service, Alcoholism, Mental Hygiene, Inferiority, Constitution, Delinquency, Crime and Criminals, Hospitals (mental patients in), Insanity, Jurisprudence (medical, psychiatry in), Mind, Neuroses, and Psychoneuroses. Only these references were found which could be considered as related in any way to our subject or to other types of disorder usually grouped under the same or similar classifications:

Volume 22, July-Dec., 1937

Psychopathy Due to Disproportion Between Emotional and Rational Parts of Nature: E. Braun, *Zeitschrift fur die gesamte Neurologie und Psychiatrie* **158:** 487-489.

Intellect and Psychopathy: A. Glaus, *Schweizerische medizinische Wochenschrift* **67:** 705-709.

Studies on Psychopathic Twins: F. Stumpfl, *Zeitschrift fur die gesamte Neurologie und Psychiatrie* **158:** 480-482.

So Called Psychopathic or Pathological Characteristics (Constitutional): A. I. Uschchenko, *Medical Record* **145:** 498.

Psychological Factors in Alcoholism: W. R. Miles, *Mental Hygiene* **21:** 529-548.

Some Thoughts Concerning Psychology and Therapy of Alcoholism: E. A. Strecker, *Journal of Nervous and Mental Diseases* **86:** 191-205.

Psychopathy in Children, Medico-Legal Aspects: L. Brunn, *Veröffentlichungen aus dem Gebiete des Volksgesundheitsdienstes* **48:** 475-513.

Dynamics and Treatment of Chronic Alcohol Addiction: R. P. Knight, *Bulletin of the Menninger Clinic* **1:** 233-250.

Criminal Psychopath in Psychoanalytic System: F. Wittels, *Psychoanalytic Review* **24:** 276-291.

Care of Asocial Psychopaths: J. Björnberg, *Svenska lakartidningen* **34:** 1413-1420.

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[51] Huddleston, J. H.: Connotation of Constitutional Psychopathic Inferiority Without Psychosis, J.A.M.A. **86:** 1960-1964, 1926.

Volume 23, Jan.-June, 1938

Automutilation of Tongue by Alcoholic Psychopath: L. Bonfiglioli, *Note e riviste di psichiatria* **67**: 59-69.

Sex Crimes: J. Kercher, *Illinois Medical Journal* **73**: 171-172.

Parricide During Unconsciousness Due to Pathologic Inebriation of Mental Degenerate: R. Ciapardo, *Revista de psiquiatria y criminologia* **2**: 625-632.

First Hundred Psychopathic Criminals Brought into Provincial Hospital at Eickelborn, Westphalia, in Accordance with the Law of Nov. 24th, 1933: F. Hürten, *Allgemeine Zeitschrift fur Psychiatrie und ihre Grenzgebiete mit Beilage Zeitschrift fur psychische Hygiene* **106**: 255-338.

Psychopathic Constitution and Eugenics: G. Heuyer and Courtheil, *Revue française de puériculture* **5**: 3-5.

Concept of Psychopathy and Its Role in Legal Psychiatry: V. I. Akkerman, *Sovetskaya Psikhonevrologiya* **5**: 33-44.

These sixteen references, of which only six are in English, were the only ones found which indicated studies related in any way to the psychopath in any sense of the word. Some of them as it turned out were largely devoted to other types of disorder than the one we are considering here.

In the *Year Book of Neurology, Psychiatry and Endocrinology* (1937)[52] only one[53] article could be found on the psychopath in any sense of that term.

In concluding these brief and incomplete remarks on various viewpoints of the psychopath, an opinion is offered that the almost universal tendency of writers to separate a disorder vaguely and variously defined and explained into many ever-increasing, and sometimes largely academic or trivial subtypes does not contribute to the understanding of this disorder by the ordinary student. This tendency, apparently stemming largely from Kraepelin, had already become less popular in other fields of psychiatric study where an interpretive or dynamic viewpoint steadily gained ground at the expense of the descriptive or static viewpoint.[54] Valuable as earnest descriptive studies undoubtedly are, there comes a time in their development when a saturation point is reached and observers turn their attention to segregating out types and subgroups. Sometimes this process develops into hair-splitting, and viewpoints suggestive of scholastic philosophy emerge, as practical, significant, and stimulating questions, yet unsolved, sink out of sight.

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[52] The Year Book of Neurology, Psychiatry and Endocrinology (1937), Reese, H. H., Paskind, H. A., and Sevringhaus, E. L.: The Year Book Publishers, Chicago, 1938.

[53] Reidel, H.: Mental Traits of Offspring of Persons with Psychopathic Personality, Ztschr. f. d. ges. Neurol. u. Psychiat. **159**: 597-667, 1937.

[54] White, W. A.: Essays in Psychopathology (pp. 1-2), Nervous and Mental Disease Publishing Company, 1925.

If speculation may be permitted here, the following theory is offered to account for the prevalence in 1940 of this older and less helpful outlook in most studies of the psychopath despite its abandonment years ago in considering other psychiatric disorders.

Before the stimulating advent of interpretive viewpoints and their wide adoption, the school of Kraepelin, representing the descriptive method, had already begun to direct its chief efforts toward elaborating distinctions within all classes of psychiatric disorder. The psychoses and the psychoneuroses no less than the psychopathic personality were fields for this endeavor. Kraepelin and his disciples, having made contributions of great significance to psychiatry, appear to some, looking back in time, to have reached the limits of their advance. The more pedantic elaborations still in progress at that time have not proved to be of outstanding practical value.

The application of newer principles to the study of schizophrenia, to manic-depressive psychosis, and to all the psychoneuroses, rapidly led to a better understanding of all these processes. As this understanding increased, the stressing of various types and subtypes, while still recognized, became much less prominent. On reading the typical textbook,[55, 56, 57, 58] of ten or fifteen years ago, it seems that divisions of dementia praecox into hebephrenic, catatonic, and paranoid types, or of manic-depressive psychosis into the many permutations and combinations — depressed-manic, manic-stupor, etc.—formerly elaborated, were steadily losing their arbitrariness and their supposed importance, if not their actual claim to existence. Efforts to understand the process of schizophrenia itself or of manic-depressive reactions, their causes and their courses, had altogether overshadowed hair-splitting distinctions and even made the validity of many distinctions extremely doubtful.

The so-called psychopathic personality, however, neglected for some time by interpretive observers and left under the question-begging assumption of a constitutional-defect etiology, was still usually treated in the descriptive manner; and in the later, perhaps one might say the rococo phase of this manner. Despite the valuable studies from an interpretive viewpoint, some of which have just

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[55] Noyes, Arthur P.: Modern Clinical Psychiatry, W. B. Saunders Company, Philadelphia, 1935.

[56] Strecker, E. A., and Ebaugh, F. G.: Practical Clinical Psychiatry, P. Blakiston's Son & Co., Philadelphia, 1935.

[57] Henderson, D. G., and Gillespie, R. D.: Textbook of Psychiatry, Oxford University Press, London, 1936.

[58] Muncie, Wendell: Psychobiology and Psychiatry, The C. V. Mosby Company, St. Louis, 1939.

been briefly cited, such efforts were still sometimes diverted and hampered by the persistent tendency to split up with dubious distinctions a subject which might more profitably still be considered as a whole. Such splitting is particularly confusing when several unrelated subjects are not excluded from the material to which such secondary niceties of distinction are applied. Before one can profitably or sensibly grade timber or even separate pine from oak, it is generally found advisable to eliminate sheet-iron or red clay from the discussion. If the psychopath, as he is presented here, or in any other sense or by any other name, can be carefully studied without undue energy and attention being dissipated in scholastic and unprofitable differentiation, and kept steadily before modern psychiatry, it seems by no means improbable that he can in time be better defined, better understood, and perhaps better treated; or at least more satisfactorily dealt with, than he is today.

The aim of this discussion is not to bring additional contradictions into a field where there is already too little agreement, but to ask that studies of the personalities treated here be made in what has very aptly been called a *new climate of opinion.*[59]

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[59] Becker, Carl L.: The Heavenly City of the Eighteenth Century Philosophers, Yale University Press, New Haven, Conn., 1932.

APPENDIX C

MOST psychopaths who use alcohol are sent repeatedly to private institutions which advertise "cures" for the "liquor habit." Some of these establishments known to me are run by persons without medical training. Some who give and direct therapy are members of healing cults and have degrees granted in "Naturopathy," "Napropathy," etc. In addition to these numerous institutions where physicians do not deal with the patients, there are others under medical supervision which rely on methods not generally regarded as appropriate and which sometimes claim results that seem, to say the least, exaggerated and improbable.

Let us briefly consider the claims of an institution to which physicians sometimes send patients from a thousand or more miles to take the "cure." This nationally advertised establishment of considerable renown, sets forth positive statements[*] that the behavior of so-called chronic alcoholics is usually due entirely, or almost entirely, to poisons which remain constantly in the body. It is admitted that some patients showing chronic alcoholism and peculiar conduct are "degenerates" but these, it is claimed, "are the rare exceptions."[†] A method of detoxifying alcoholic patients is referred to and the following claim made: "It is perhaps because the . . . hospital is thus equipped that we can record practically no failure in this method, where the patient was eligible for such treatment."

A letter to the director of this hospital requesting definite information on this treatment, which indeed, if it were even half as efficacious as the claims for it imply, would be more significant, by far, than insulin or diphtheria antitoxin, brought the following statement: "There is nothing that has been published that sets forth the treatment employed here for alcoholics or methods of administration. The treatment covers much medical detail,"[‡] etc. Ordinary skepticism had prepared me to expect that such a medical miracle would not conveniently bear the rude light of day.

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[*] The name of this institution and the title of the brochure from which the quotations are taken must, on the advice of legal authorities, be omitted.

[†] Page 3 of the brochure mentioned above.

[‡] Letter received by the present writer on Aug. 2, 1937.

Another proponent of this viewpoint, which we maintain is at best highly fanciful, writes as follows: "We believe that the alarming increase in such cases (anaphylaxis* to alcohol) may be directly attributed to the failure of the medical profession to recognize the true alcoholic pathology and to treat the condition as a somatic dysfunction rather than as a combined physical condition and a psychologic maladjustment."[1] Cures are reported after treatment to detoxify or to desensitize in an allergic sense the body cells. Details of how to do this are not given. Although the direct statement is not made, one gets the idea from this article that a large percentage, if not an actual majority of chronic alcoholics, are merely allergic to alcohol and may be cured by a treatment for allergy.

This is very wonderful indeed, if true. Never having seen any such case or evidence of such a cure, I strongly believe that the fundamental problem is one of personality disorder. All abnormal drinkers whom I have observed showed clear evidence of either psychopathic personality, as the term is employed here, some psychosis, or, in varying degree, demonstrable neurotic maladjustment such as described by Strecker and Chambers,[2] by Knight,[3,4] and by others. These are plainly psychiatric patients in need of psychiatric treatment.

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* This term is here used by the author of the article instead of allergy or atopy.

[1] Silkworth, W. D.: Reclamation of the Alcoholic, Medical Record **145**: 321-324, 1937.

[2] Strecker, E. A., and Chambers, F. T.: Alcohol—One Man's Meat, The Macmillan Company, New York, 1938.

[3] Knight, Robert: The Psychoanalytic Treatment in a Sanatorium of Chronic Addiction to Alcohol, J.A.M.A., **111**: 1443-1448, 1938.

[4] Knight, Robert: The Psychodynamics of Chronic Alcoholism, Journal of Nervous and Mental Disease **86**: 538-548, 1937.

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1A. Abraham, Karl: Selected Papers, Institute of Psychoanalysis and Hogarth Press, London, 1927.

2. Adler, Alfred: The Neurotic Constitution, Kegan Paul, Trench, Trubner & Co., Ltd., London, 1921.

3. Alcoholics Anonymous: Works Publishing Co., New York, 1939.

4. Alexander, Franz: Fundamentals of Psychoanalysis, W. W. Norton & Company, Inc., New York, 1948.

5. Alexander, Franz: The Need for Punishment and the Death Instinct, International Journal of Psychoanalysis **10:** 260, 1929.

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